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October 25, 2019

via: FedEx and Email

Lisa Piercey, MD, MBA
Commissioner, Tennessee Department of Health
5th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243

M. Norman Oliver, MD, MA
Commissioner Virginia Department of Health
109 Governor Street
Richmond, VA 23219

Dear Commissioners Piercey and Oliver,

Pursuant to Section 6.04(b) of the Tennessee Terms of Certification and to the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017, we hereby submit Ballad Health's FY19 Annual Report and the COPA Compliance Office FY19 Annual Report. These Annual Reports cover the timeframe of July 1, 2018 through June 30, 2019 ("Reporting Period").

Per request from the Tennessee Department of Health, sections and attachments that require proprietary or confidential treatment have been redacted from the report and are enclosed as a separate document. All such redactions are noted in the report.

As previously agreed, the Ballad Health charge masters will be submitted to you electronically due to file size.

As always, we welcome any questions or comments that you may have.

Sincerely,

Gary Miller, Senior Vice President Ballad Health
COPA Compliance Officer

Cc via email: Jeff Ockerman, Director, Division of Health Planning
Janet Kleinfelter, Deputy Attorney General
Erik Bodin, Director, Office of Licensure and Certification
Allyson Tysinger, Sr. Assistant Attorney General/Chief
Dennis Barry, Southwest Virginia Health Authority
Larry Fitzgerald, COPA Monitor
Tim Belisle, General Counsel Ballad Health

Ballad Health Annual Report

Reporting period:
July 1, 2018 – June 30, 2019



It's your story. We're listening.

Annual Report for FY19

Covering 07/01/2018 – 06/30/2019 (“Reporting Period”)

Submitted pursuant to the Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain States Health Alliance Approved on September 19, 2017, and Issued on January 31, 2018 (TOC), and the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017 (CA).

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

Pursuant to section 6.04(a) of the TOC and Condition 39 of the CA, the undersigned hereby certify the following report and its attachments are true and correct to the best of his/her knowledge after due inquiry and are accurate and complete.



Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health



Lynn Krutak
Executive Vice President
Chief Financial Officer
Ballad Health

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Abbreviation Key

Abbreviation	Full name
APP	Abingdon Physician Partners
BRMC	Bristol Regional Medical Center
BRMMC	Blue Ridge Medical Management Corporation
CHC	Community Home Care
CVA	Cardiovascular Associates
DCH	Dickenson Community Hospital
DME	Durable Medical Equipment
FWCH	Franklin Woods Community Hospital
GCH - East	Greeneville Community Hospital East
GCH - West	Greeneville Community Hospital West
HCH	Hancock County Hospital
HCMH	Hawkins County Memorial Hospital
HVMC	Holston Valley Medical Center
IPCH	Indian Path Community Hospital
ISHN	Integrated Solutions Health Network
JCCH	Johnson County Community Hospital
JCMC	Johnson City Medical Center
JMH	Johnston Memorial Hospital
LMG	Laughlin Medical Group
LMH	Laughlin Memorial Hospital (Greeneville Community Hospital East)
LCCH	Lee County Community Hospital
LPH	Lonesome Pine Hospital
MSMG	Mountain States Medical Group
MVRH	Mountain View Regional Hospital
NCH	Norton Community Hospital
NCPS	Norton Community Physicians Services
RCH	Russell County Hospital
SCCH	Smyth County Hospital
SNF	Skilled Nursing Facility
SSH	Sycamore Shoals Hospital
TRH	Takoma Regional Hospital (Greeneville Community Hospital West)
UCH	Unicoi County Hospital
WCS	Wellmont Cardiology Services
WMA	Wellmont Medical Associates



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ANNUAL REPORT

1. **Requirements.** Section 6.04 and Exhibit G of the TOC and Virginia Code 15.2-5384.1 and 12 Virginia Administrative Code 5-221-110 requires the annual submission of certain items. The section of Exhibit G relevant to the Annual Report is attached hereto as Attachment 1a. Virginia Code (VC) 15.2-5384.1 is attached hereto as Attachment 1b. 12 Virginia Administrative Code (VAC) 5-221-110 is attached hereto as Attachment 1c.
2. **Description of process.** In compiling the information and materials for this Annual Report, the Ballad Health COPA Compliance Office (CCO) re-evaluated the departments responsible for gathering and preparing these materials. Leaders of the departments were identified and given responsibility to submit the required materials and information (Responsible Parties). The CCO revised the spreadsheets as necessary, assigning sections of the TOC and the conditions of the CA to the appropriate Responsible Parties. The CCO resubmitted the spreadsheets to all Responsible Parties to allow them to certify, to their knowledge and belief after due inquiry, that Ballad Health is in compliance with the requirements of the TOC and CA. In instances where Responsible Parties had questions about the interpretation of the requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.
3. **Deliverables.** Deliverables due to the State and the Commonwealth during this reporting period were submitted by the required times and are listed below in Table A. As part of the process described above, the Responsible Parties certified the completion of those submissions.

Table A

ITEM	STATUS	PURSUANT TO TOC AND CA
Health Services Plans	Submitted on 7/30/18	TOC 3.02(a-c), 3.06(a-c) CA Conditions 33-36
Capital Plan	Submitted on 7/30/18	TOC 3.07(a) & 3.07(b)(i)
Career Development Plan	Submitted on 7/30/18	TOC 3.08(c) CA Condition 22
Annual Quality Improvement Priorities	Submitted on 7/30/18	CA Condition 12
HIE Plan Outline	Submitted on 7/30/18	CA Condition 8
HR/GME Plan Outline	Submitted on 7/30/18	CA Condition 24 & 25
Established Population Health Department	Certified on 7/30/18	TOC 3.04(c) CA Condition 36
Monthly Quality Report	Submitted on 7/30/18	CA Condition 12
Physician Services Index	Submitted on 8/8/18	TOC Addendum 1, Part V
Ballad Health Quarterly Report, FY18 Q4	Submitted on 8/14/18	T/OC Section 6.04 (c) CA Condition 40
COPA Compliance Office Quarterly Report, FY18 Q4	Submitted on 8/14/18	TOC Exhibit F
Updates to Lists of Ancillary Services and Post-Acute Services	Submitted on 8/14/18	TOC 5.04(a) CA Condition 5
Request to hire neurosurgeon	Submitted 8/23/18	TOC 5.05(e) Waiver granted on 9/26/18 from Commissioner Dreyzehner, TDH
CMS citation and plan of correction	Reported 8/23/18	

		TOC 6.04(d)(ii)
Revised Health Services Plans	Submitted on 8/24/18	As requested based on 8/10/2018 meeting with state officials
Monthly Quality Report	Submitted on 8/30/18	CA Condition 12
Request for exemption of Addendum 1 Part IV	Submitted on 8/27/18.	Addendum 1 Part IV
CMS Notification	Submitted on 9/5/18	TOC 4.02(a)(i)(B) CA Condition 13
Self-reported event	Submitted 9/12/18	TOC 6.04(d)(ii)
Cardiac Cath consolidation	Submitted 9/14/18	TOC 4.03(c)
EMTALA Notification	Submitted 9/20/18	CA Cond 17
Complaint investigation	Submitted 9/20/18	TOC 6.04(d)(ii)
Monthly Quality Report	Submitted on 9/25/18.	CA Condition 12
Revised Health Plans	Submitted to Virginia on 9/28/18	CA Conditions 33-36
Semi-Annual COPA Monitor Complaint Report	Submitted to the Audit & Compliance Committee and the COPA Monitor on 10/22/18	TOC Exhibit F
Monthly Quality Report	Submitted on 10/31/18	CA Condition 12
CMS Notification	Submitted on 11/5/18	TOC 4.02(a)(i)(B) CA Condition 13
Ballad Health Annual Report, FY18	Submitted on 11/15/18	TOC 6.04(b) Letter from Commissioner Levine dated 1/12/18
COPA Compliance Office Annual Report, FY18	Submitted on 11/15/18	TOC Exhibit F
CMS Notification - JMH	Submitted on 11/19/18	TOC 4.02(a)(i)(B) CA Condition 13
Ballad Health Quarterly Report, FY19 Q1	Submitted on 11/20/18	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q1	Submitted on 11/20/18	TOC Exhibit F
Updates to Lists of Ancillary Services and Post-Acute Services	Submitted on 11/21/18	TOC 5.04(a) CA Condition 5
Monthly Quality Report	Submitted on 11/28/18	CA Condition 12
Draft HIE Plan	Submitted 11/29/18	CA Conditions 8 & 9
Draft HR/GME Plan	Submitted on 11/29/18	CA Conditions 24 & 25
Monthly Quality Report	Submitted on 12/26/18	CA Condition 12
Revised Monthly Quality Report	Submitted on 12/28/18	CA Condition 12
Updated Comprehensive List of Ancillary Services and Post-Acute Services	Submitted 12/28/18	TOC 5.04(a) CA Condition 5
CMS Notice of Acceptance for Action Plan	Submitted 1/7/19	TOC 4.02(b) CA Condition 12
Updated Comprehensive List of Ancillary Services and Post-Acute Services	Submitted 1/16/19	TOC 5.04(a) CA Condition 5

Consolidation of Oncology Services	Submitted 1/18/19	TOC 4.03(c)(i)
Notification on Greene County Services	Submitted on 1/29/19	TOC 4.03(b)(iii)
Final HIE Plan	Submitted on 1/29/19	CA Condition 8 & 9
Final HR/GME Plan	Submitted on 1/29/19	CA Conditions 24 & 25
Monthly Quality Report	Submitted on 1/30/19	CA Condition 12
Employee Health Plan Baseline Data	Submitted on 1/31/19	Performance Indicator 2(c)(ii)
Physician Participation in Clinical Services Network – Baseline Data	Submitted on 1/31/19	Performance Indicator 2(e)
Physician Participation in Common Clinical IT Platform - Baseline Data	Submitted on 1/31/19	Performance Indicator 2 (f)
Employer Health Outreach Program - Baseline Data	Submitted on 1/31/19	Performance Indicator 2 (g)(I)
Table A Measures Baseline Data	Submitted on 1/31/19	Performance Indicator 3 (c)(ii)
Table B Measures Baseline Data	Submitted on 1/31/19	Performance Indicator 4 (b)
Physician/Physician Extender Baseline Data	Submitted on 1/31/19	Performance Indicator 5(a)
Table C Measures Baseline Data	Submitted on 1/31/19	Performance Indicator 6(b)
Rural Health Services Plan	Submitted on 1/31/19	TOC 3.02 (c) and CA Condition 32 and 33
HIE Plan	Submitted on 1/31/19	TOC 3.05 (b) & 3.06 (a-c) and CA Condition 8 & 9
Health Research/GME Plan	Submitted on 1/31/19	TOC 3.03 (b) (c) & (d) and CA Condition 24 & 25
Health System and Virginia Employee Turnover Baseline Data	Submitted 2/4/19	Performance Indicator 7(a)
Notification on Wise County Services	Submitted on 2/4/19	CA Condition 4, 27
CMS Notice	Submitted 2/5/19	TOC 4.02(b) CA Condition 12
Ballad Health Quarterly Report, FY19 Q2	Submitted on 2/13/19	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q2	Submitted on 2/13/19	TOC Exhibit F
Monthly Quality Report	Submitted on 2/27/19	CA Condition 12
Proposed Metrics Impacted by 3 Year Health Plans	Submitted 3/18/19	TOC 3.02(a)(b) & (c), Exhibit B, 3.04(e) CA Conditions 3, 33 - 36
Ballad Health response to questions pertinent to the FY 18 Annual Report	Submitted 3/26/19	TOC 4.02 (c)(ii), Exhibit G CA Condition 12
Monthly Quality Report	Submitted on 3/27/19	CA Condition 12
Ballad Health additional responses to questions pertinent to the FY 18 Annual Report	Submitted 3/29/19	TOC 4.02 (c)(ii), Exhibit G CA Condition 12
Response to States comments on Health Research/GME Plan	Submitted on 3/29/19	TOC 3.03 (b) (c) & (d) and CA Condition 24 & 25

CMS Notification	Submitted on 4/2/19	TOC 4.02 (a)(i) (A-C) CA Condition 13
HIE Plan	Submitted on 4/5/19	TOC 3.05 (b) & 3.06 (a-c) and CA Condition 8 & 9
Semiannual COPA Compliance Officer Complaint Report	Submitted to the Audit & Compliance Committee and the COPA Monitor on 4/9/19	TOC 6.02, Exhibit F
Charity Care/Financial Assistance Policy	Submitted week of 4/15/19	TOC:4.03(e)/CA:14 and 39
Monthly Quality Report	Submitted on 4/30/19	CA Condition 12
Updates to Lists of Ancillary Services and Post-Acute Services	Submitted on 5/8/19	TOC 5.04(a) CA Condition 5
Ballad Health Quarterly Report, FY19 Q3	Submitted on 5/14/19 (Quality in Excel format to Arundel 5/15/19)	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q3	Submitted on 5/14/19	TOC Exhibit F
Financial Assistance Policy	Effective 5/15/19	TOC:4.03(e)/CA:14 and 39
Request for Interventional Cardiologists	Submitted 5/17/19	TOC 5.05(e) and 9.06
Monthly Quality Report	Submitted on 5/30/19	CA Condition 12
Cross Credentialing Waiver	Submitted 6/1/19	TOC 5.05(e)
Trauma Implementation Update	Submitted 6/10/19	Pre-approved in COPA
Population Health Plan	Submitted 6/18/19	TOC Section 3.04 (a-e) CA Condition 36
Population Health Plan	Submitted Revised version 6/20/19	TOC Section 3.04 (a-e) CA Condition 36
Monthly Quality Report	Submitted on 6/27/19	CA Condition 12
FY20 Implementation Roadmaps	Submitted 6/28/19	Pursuant to letters from Jeff Ockerman dated 3/5/19 and 5/7/19

4. Virginia-specific reporting requirements

- A. Activities conducted pursuant to the Cooperative Agreement – CA 12VAC5-221-110(A)(1). Attachment 2.
- B. Actions taken in furtherance of commitments made by the Parties or terms imposed by the commissioner as a condition for approval of the Cooperative Agreement – CA 12VAC5-221-110(A)(2). Attachment 3.
- C. Chargemaster - 12VAC5-221-110(A)(5):
 - Ballad Health’s chargemasters are being submitted separately via electronic version.
- D. Report on non-physician providers – CA 12VAC5-221-110(A)(6):
 - Payer contracts and fee schedules are between Ballad Health and the payer. The non-physician providers are reimbursed based on the fee schedules within the contract.
- E. Report on risk-based model contracting – CA: Cond. 10:

- All risk-based model components for Wellmont and Mountain States contracts that existed at close continue today and were expanded during this reporting period.
- Ballad Health has been in several active and ongoing negotiations with four (4) major managed care payers for various products as directed by the CA: Condition 10 related to adding at least one new risk-based contract annually between 2020 and 2022. One contract expansion has already occurred during this reporting period ending 6/30/19.
- Ballad Health has been in several active and ongoing discussions with commercial, Medicare Advantage and Medicaid payers designed to incentivize cost reduction and high quality over this reporting period with the end goal of moving at least 30% of our contracts, in aggregate, to risk-based/value-based models according to the directives stated in the CA: Condition 10. Notably, the TOC and Letter Authorizing the Cooperative Agreement contain conflicting direction – to both increase risk-based models while also placing limitations on number of employed physicians. Attribution of lives for risk-based models follows the primary care physician.

F. Report on the number of validated and unresolved complaints from payers, the number of contracts retained or added with payment for value elements and the number of lives covered in risk-based contracts – CA quantitative measures, performance indicator 2(a) & (b):

- 2(a): Ballad Health has not received any complaints, either validated or unresolved from the payers.
- 2(b): For this reporting period, Ballad Health has retained all pre-merger contracts with value elements and has been in active and ongoing negotiations with various payers (including commercial, Medicare Advantage and Medicaid) to expand and/or add new models to value-based agreements. Ballad Health has approximately 99,000 attributed lives in these value-based agreements currently as well as approximately 330,000 non-attributed lives that utilize our system under 25 value-based models across all products.

G. Employee beneficiary data - CA quantitative measures - performance indicator 2(c)(ii):

- Throughout FY19, Ballad Health continued to provide a common platform of comprehensive benefits for team members to choose from to best meet their needs. Team members selected from various plans including medical/pharmacy/Employee Assistance Program, health savings accounts, pre-tax medical/dependent care accounts, dental, vision, life and disability plans as they did in FY18 with the first combined Ballad Health benefit package for team members. This year, in addition to the common benefits, Ballad Health expanded the benefits package to include several voluntary benefit options to support the overall financial wellness of team members and their families. The voluntary options include critical illness, accident, legal, identity theft protection, whole life plan, auto and home insurance, pet insurance and Purchasing Power.
- Ballad Health's commitment to its team members' health and wellness is fully aligned with the organization's mission to improve the health of the community.
 - The Ballad Health Wellness Program is a voluntary, participation-based program that provides benefit-eligible team members and their spouses the opportunity to receive an annual A1C, body mass index, lipid profile/lab analysis and an online health assessment at no cost. Team members who participate receive significant

discounted pricing on their health insurance premiums. For FY19, the overall participation rate was approximately 95%.

- The Diabetes Management Program, which is voluntarily available to all team members, spouses and dependents, targets those diagnosed with Type 1 or Type 2 diabetes. Benefits of the program include: diabetes education classes, wellness and pharmacy coaching, lifestyle and behavioral assessments with recommendations and diabetes medications and supplies at no cost to our participants. In FY19, the program had 1,160 participants who collectively succeeded in lowering their average A1C by nearly 2% from the previous year.
- Additionally, in FY 19, 236 team members completed tobacco cessation programs offered jointly by Ballad Health and Blue Cross Blue Shield.
- Team Member Health offices, staffed by registered nurses and licensed practical nurses, are conveniently located in each hospital facility and other locations and are instrumental in maintaining a safe and healthy work environment. In FY19, Team Member Health provided over 15,000 influenza vaccinations for team members and routinely provides TB skin testing and follow up. Additionally, Team Member Health ensures team members are properly inoculated for measles, mumps, rubella and Hepatitis B and ensure team members complete required respiratory protection updates through mask fit testing.
- Ballad Health has developed a broad-reaching team member wellness program based on the notion that Ballad Health can serve as an example of success in population health improvement. Regionally, there are significantly higher rates of poor health than in other areas of the country due to higher tobacco use, lower physical activity and higher obesity rates. These same health challenges were evident based on the health system's annual team member health risk assessments. As a result, the "Ballad as an Example" committee was developed to oversee and guide the health improvement of the organization's own team member population. "Ballad as an Example" outlines a road map to focus attention on the health conditions of this internal population and offer solutions to assist team members in their health improvement journey. There are four components of the "Ballad as an Example" initiative: supportive environment, health plan design, programmatic interventions and research. "B Well" was developed in FY19 to create a supportive environment within Ballad Health to aid team members in their wellness journey. To aid as the program progresses, "B Well" ensures that each facility will have "B Well" champion teams to engage the team members to reflect on their health and wellness goals, challenges and successes. Local efforts will promote the following: Know your numbers and connect with a primary care physician ("B Informed"), healthy food environment ("B Well-Fueled"), active living ("B Active"), and behavioral health ("B Mentally Well"). Through this initiative, all team members will have the opportunity to tell their health and wellness story. The health system will be able to gather feedback to empower and assist each facility to implement wellness initiatives that best suit the needs and culture of its unique workplace and the community. Work will continue in FY20 to further develop this program and begin the process of measuring outcome success.

H. Results of the Anthem QHIP – CA quantitative measures, performance indicator 2(d). Attachment 4.



I. Health outreach programs provided to employers - Performance indicator 2(g)(i):

- As reported in the January 2019 report, Ballad Health provided health outreach programs to 70 employers. As of June 30, 2019, services increased to 78 employers in both TN and VA and includes at least one of the following:
 - Health risk assessment / biometric screening / on-site clinics
 - Flu vaccine clinics
 - Mobile health coach services
 - Executive health program
 - WorkSTEPS program
- Ballad Health does not track outcomes across all its existing employer outreach programs; measurement depends on the type of outreach engagement. The level of engagement and outcomes is dependent on the individual employer relationship. Ballad Health tracks utilization metrics across all these outreach programs.

J. Annual quality report to VA DOH – Performance indicator 6(a): Attachment 5.

K. Employee turnover rates – Quantitative measure, performance indicator 7:

- Ballad Health’s annualized turnover rate for the entire organization from 7/1/18 - 6/30/19 was 21%.
- Ballad Health’s annualized turnover rate for Virginia from 7/1/18 -- 6/30/19 was 19.4%.

L. Report of board activities – CA quantitative measures, performance indicator 8: The number of board development activities, including a description of each activity, conducted during the reporting period and the development activities that will be undertaken in the upcoming year. Attachment 6.

5. **Combined TOC and CA reporting requirements.** Pursuant to § 6.04 of the TOC, Ballad Health is pleased to report as follows (using the outline of requirements on Exhibit G):

A. Facility maintenance and capital expenditures – TOC: 3.07(b), Exhibit G: Schedule of all maintenance and repair expenses and capital expenditures during the year pursuant to the capital plan:

Ballad Health capital plan				
<i>Fiscal Year 2019 (000's)</i>				
Capital Budget by Category	Budget	Actual Spend*	Committed**	Balance
IT	88,700	55,429	87,692	1,008
Routine Equipment	21,166	6,187	20,564	602
Facilities & Construction	9,977	4,040	9,581	396
Biomedical Equipment	3,508	1,154	3,508	-
Facility Funds	9,544	7,539	9,544	-
Other	27,163	22,028	27,163	-
Total Budget	160,058	96,376	158,052	2,006

Capital Budget by Category	Budget	Actual Spend*	Committed**	Balance
Contingency	24,903	17,342	23,863	1,040
Budget plus Contingency	184,961	113,718	181,916	3,046
<i>Actual Spend as a percent of Budget</i>	61%			
<i>Committed as a percent of Budget</i>	98%			

Definitions:

***Actual spend – Based on cash outflows**

****Committed – Includes both outstanding purchase orders and cash outflows**

- B. Career development plan – TOC: §3.08(c) / CA: Cond. 22: Explain implementation and results. Attachment 7 provides information supplemental to the career development plan and required by TOC §3.08(c)/CA Condition 22.
- C. Clinical Council – TOC: §4.02(b)(v) / CA: Cond. 45: Common standard of care, credentialing standards, consistent multidisciplinary peer review and best practices. Attachment 8.
- D. Integrated Delivery System (IDS) measures – TOC: §4.02(c)(i) / CA: Cond. 12: Common and comprehensive set of measures and protocols that will be part of the IDS; track and monitor opportunities to improve healthcare and access: The “integrated delivery healthcare system measures and protocols” are represented by the access to care, population health, and quality metrics. The quality metrics are provided separately. Ballad Health is in discussion with the states through the metrics workgroup regarding the access to care and population health metrics.
- E. Quality indicators – TOC: §4.02(c)(ii) / CA: Cond. 12; quantitative measures, performance indicator 6(a); VC15.2-5384.1(G); 12VAC 5-221-110(A)(3) and (7): Summary of all results of quality indicators; include comparisons to similarly-sized systems in the United States:
 - Summary of quality indicators. Attachment 9.
 - Comparison to systems methodology. Attachment 10.
 - Comparison to similarly-sized systems. Attachment 11.
- F. Patient satisfaction survey – TOC: §4.02(c)(iii) / CA: Cond. 12: Results of the patient satisfaction surveys required of Ballad Health. Attachment 12.
- G. Staffing ratios – TOC: §4.02(c)(iv)
- H. Including hours of patient care delivered per patient and ratio of RN to LPN and other caregivers:
 - FY19 Inpatient nursing ratios
 - 9.817 Average nursing hours per patient
 - 13.8:1 RN to LPN
 - 2.58:1 RN to unlicensed
- I. Staff survey – TOC: §4.02(c)(v): Results of the three-year survey of medical, hospital and nursing staffs:
 - The employee satisfaction survey was not required to be completed during this reporting period.

- The physician satisfaction survey was not required to be completed during this reporting period.

J. Repurposing to a non-hospital facility - TOC: §4.03(b) (i - ii) / CA: Cond. 27

- Wise County

- Below is a summary of the changes to be implemented in Phase I of the Wise County consolidation. By January 5, 2020, Mountain View Regional Hospital plans to:
 - Delicense 59 acute care beds;
 - Close the Emergency Department;
 - Discontinue intensive care services;
 - Discontinue surgery services;
 - Remove two (2) general purpose operating rooms from service;
 - Provide clinical laboratory services through a contractual arrangement with NCH;
 - Provide advanced radiology services through a contractual arrangement with NCH;
 - Decommission one (1) fixed CT scanner;
 - Discontinue mobile MRI services;
 - Provide pharmaceutical services through a contractual arrangement with NCH;
 - Directly provide point-of-care testing and laboratory services (and maintain the required CLIA approvals) and provide additional laboratory services through a contractual arrangement with NCH.

- Lee County

- Condition 27 outlines the obligation of Ballad Health regarding the use of the existing Lee Regional Medical Center facility. The section of Condition 27 that pertains to Ballad Health's obligations is in bold print and outlined as follows: **"If an acute care hospital is opened in Lee County and subsequently fails or ceases to operate, the new health system (Ballad Health) shall provide essential services for Lee County based upon reasonable terms established by agreement between the Lee County Hospital Authority and the New Health System (Ballad Health). Such terms shall include appropriate access to space located within the existing hospital facility based upon reasonable terms. If an acute care hospital is not open and operational under a partnership with the Lee County Hospital Authority by December 31, 2018, the new health system (Ballad Health) shall provide essential services in Lee County based upon reasonable terms established by agreement between the Lee County Hospital Authority and the new health system (Ballad Health) until a hospital is open and fully operational."** Effective January 1, 2019, the Lee County Hospital Authority (LCHA) acquired the assets of Lee Regional Medical Center from Americore Health. On February 14, the LCHA executed a letter of intent with Ballad Health as a precursor to a definitive agreement. The definitive agreement was executed on September 30, 2019. Ballad Health will lease the facility from LCHA and operate what will be known as Lee County Community Hospital (LCCH), designated as a Critical Access Hospital (CAH) by the fall of 2020. A CAH application has been completed and submitted to the VA Department of Health and CMS.
- In the interim period, per Condition 27 of the Virginia Cooperative Agreement, Ballad Health is proceeding with working collaboratively with the LCHA and local health providers in providing the following essential services. The description of what constitutes "essential services" is outlined in the VA Cooperative Agreement as follows, along with the status of their provision:
 - Emergency room stabilization for patients;
 - Emergent obstetrical care;
 - Outpatient diagnostics needed to support emergency stabilization of patients;

- Rotating clinic or telemedicine access to specialty care consultants as needed in the community;
- A Memorandum of Understanding has been executed between the Lee County Public Schools and Ballad Health for the provision of telehealth services to the school health nurses in each school location in Lee County, Virginia beginning in November 2019. Plans are also to have this technology available to the Lee County Urgent Care center.
- Also, Ballad Health is assisting Stone Mountain Health Services in securing a part-time pediatrician in Lee County beginning January 2020.
- Helicopter or high-acuity transport to tertiary care centers
 - Air ambulance services are already available through Ballad Health via MedFlight and through a collaborative effort between Ballad Health and the Virginia State Police. Ballad Health has also renovated the helipad on the LCCH campus.
- Mobile health services for preventive screenings, such as mammography, cardiovascular and other screenings;
 - Ballad Health has hosted a breast cancer screening event and a sports medicine physical event. Additional screenings will be available in the future.
- Primary care services, including lab services;
 - Ballad Health has recruited a new family practitioner who will begin practice in the fall of 2019. Lab services are currently available in the physician offices on the LCCH campus and will be offered in the Urgent Care center.
- Physical therapy rehabilitation services;
 - Outpatient physical therapy and rehabilitation services are currently available through a local provider. Ballad Health has had preliminary discussions with the local provider regarding inpatient services for the new CAH.
- Care coordination service;
 - Lee Health and Rehabilitation is a skilled nursing and rehabilitation facility located contiguous to the LCCH Campus. Communications have already been held regarding collaborating on coordination of care services.
- Community-based education, prevention and disease management services for prioritized programs of emphasis based on goals established in collaboration with the commissioner and the authority;
 - The Community Health Needs Assessment (CHNA) was completed as part of the Critical Access Hospital application. Plans for health education, prevention and disease management services will be completed as part of the Ballad Health service planning and will be developed in collaboration with Virginia Department of Health commissioner and the LCHA. Initial contacts with local providers have been made by the director of the Ballad Health Diabetes Treatment Center to offer diabetic education classes for their patients.

K. Deletion or repurposing of other service lines - TOC: §4.03(c) (i - ii) / CA: Cond. 27

- IPCH cardiac catheterization laboratory closure
 - Ballad Health provided notice of the intention to close this service on September 14, 2018 and received approval from the Tennessee Department of Health on September 20, 2018, to permanently close the cardiac catheterization laboratory at IPCH. These services were absorbed and are provided at HVMC.
- Consolidation of certain surgical services to HVMC

- The orthopedic and neurosurgical service lines at IPCH were moved to HVMC on the following dates: Orthopedics on November 1, 2018, and neurosurgery on January 1, 2019.
- Consolidation of Greene County services
 - Former Takoma Regional Hospital and former Laughlin Memorial Hospital combined into one hospital with two campuses on April 1, 2019. Former Laughlin Memorial Hospital was renamed Greeneville Community Hospital East and former Takoma Regional Hospital was renamed Greeneville Community Hospital West. The following services were consolidated to the East campus: emergency department, progressive care, medical/surgical, intensive care and wound care. The following services were consolidated to the West campus: occupational medicine, geropsychiatry, inpatient rehabilitation and sleep lab.

L. Monitoring reports

- i. Patient-related prices charged and report on actual costs, revenues, profit margins and operating costs – TOC: §6.04(b)(i) / CA: VC15.2-5384.1(G) & 12VAC5-221-110(A)(3) and (4). Attachment 13.
 - During the reporting period, Ballad Health implemented a price adjustment on gross charges that was at or beneath the price cap imposed by the TOC. Attachment 13 provides gross and average charge per claim by categories defined by the Tennessee Department of Health for fiscal years 2018 and 2019.
 - Please reference Attachment 13 for Ballad Health’s financial ratios and key operating indicators.
- ii. Cost-efficiency steps taken – TOC: §6.04(b)(ii) / CA: VC15.2-5384.1(G):
 - Ballad Health continued its vigorous process of improving efficiencies and reducing unnecessary costs during the reporting period. Specific undertakings were completed, and the table below shows the efficiencies achieved, by category, for amounts greater than \$200,000.
 - A detailed summary of all efforts can be found in Attachment 13.

FY19 efficiency	Actual (in 000’s)
Supply chain standardization	11,700
Corporate overhead consolidation	10,000
Urgent Care consolidation	1,941
Greene County contract services	1,726
Liability/other insurance	1,441
Property lease reduction	1,217
Revenue cycle management	1,105
Leased equipment reviews	1,090
Anesthesia services	1,000
Wise County	590
Case management (insource)	356
Johnson City clinical office relocation	208
	32,376

- iii. Equalization plan status – TOC: §6.04(b)(iii). Attachment 14, supplemental to the equalization plan (which was required by TOC §3.08(b) and CA Condition 19) that was submitted 6/30/2018:
- Summary of changes in full-time equivalent (FTE) personnel: During this reporting period, there has been a decrease of FTEs from 13,970 in June 2018 to 13,414 in June 2019. This is attributable to approximately 5,000 fewer annualized discharges. There have been no changes to variable staffing plans, which link to patient volumes.
- iv. Updates and implementation of the Population Health plan and the HR/GME plan – TOC: §6.04(b)(iv):
- Population Health plan: Ballad Health received written approval of the Population Health plan from TDH. The approval is subject to conditions outlined in the letter dated March 3, 2019. See Attachment 15.
 - HR/GME plan: As of June 30, 2019, the HR/GME plan had been submitted, and final responses to the state’s feedback were provided on March 29, 2019. Due to the timing, the start of the HR/GME plan began in FY20 (July 1, 2019).
- v. Services or functions consolidated – TOC: §6.04(b)(v):
- During the reporting period, Ballad Health realized consolidation savings greater than \$2 million in three areas: urgent care services, supply chain and service line operations. Certain physician preference items were standardized in partnership with physicians across all hospitals resulting in a cost reduction of more than \$11 million. In Greene County, inpatient and surgical services were consolidated to one location, resulting in a \$10.8 million reduction in annualized operating costs, helping to mitigate more than \$13 million in operating losses per year experienced in the market previously. Additionally, four urgent care locations were consolidated in Kingsport, Johnson City, Abingdon and Greeneville resulting in a \$2.4 million reduction in operating costs. In each case where urgent care centers were consolidated, **they were consolidated to the urgent care that had lower pricing**, thus saving consumers significant dollars. Access to care was not impacted since all locations were within 10 miles of each other. **The net result is lower pricing and no change in access.**
- vi. Changes in volume or availability of inpatient or outpatient services – TOC: §6.04(b)(vi):
- Ballad Health continued to experience a decline in overall inpatient volumes, with discharges in the reporting period declining 4.9 percent from the prior year. The discharge decline was driven primarily by a reduction in lower acuity admissions, a result of focused efforts by Ballad Health and primary care physician groups to reduce the total cost of care through value-based approaches.
 - There were no material changes in the availability of inpatient or outpatient services during the reporting period. To provide sustainability and enhancement of services, Ballad Health did realign duplicative services in Greene County, Sullivan County and Washington County TN and VA, none of which affected access to care. The details are outlined below by county.
 - Greene County - All inpatient and surgical services were consolidated to the Greeneville Community Hospital East campus, and inpatient rehabilitation and geropsychiatric services were consolidated to the Greeneville Community Hospital West campus. The two urgent cares in Greene County were consolidated to one location.

- Sullivan County – Interventional cardiology, orthopedic surgery and neurosurgery services were consolidated to Holston Valley Medical Center. The two cancer centers were consolidated to the Indian Path campus, and radiation oncology was consolidated to Holston Valley Medical Center. Lastly, the two urgent cares were consolidated to one location.
- Washington County, TN – The two urgent cares, located less than a mile apart, were consolidated to one location, as well as the two cancer centers.
- Washington County, VA – The two urgent cares in Abingdon were consolidated to one location.
- vii. Summary of residency program – TOC: §6.04(b)(vii) / CA: Cond. 24. Attachment 16.
- viii. Movement of any residency slots – TOC: §6.04(b)(viii) / CA: Cond. 24.
 - During the reporting period, there was no movement of residency slots.
- ix. Academic partnerships – money spent, summary of research and status of grants – TOC: §6.04(b)(ix). Attachment 17.
- x. Outcomes of previously-reported research projects – TOC: §6.04(b)(x). Attachment 17.
- xi. Summary of quality performance standards and best practices established by the Clinical Council – TOC: §6.0(b)(xi) / CA: Cond. 45. Attachment 18.
- xii. Xii. Plan of separation – TOC: §6.04(b)(xii) / CA: 12VAC5-221-110(B). Update the plan of separation annually and provide an independent opinion from a qualified organization. Attachment 18.
 - The second revised plan of separation is a restatement of the revised plan of separation which was attached to the Terms of Certification, with the only substantive modification being the removal of the short-term period plan of separation (0-18 months post-closing) language to avoid confusion going forward since the 18 months post-closing period has expired. Beyond this change, language was added in section 2 clarify that Ballad Health would not be required to engage a consultant and submit a full plan of separation until all appeals of a decision to terminate the COPA have been exhausted. This was already implied in the existing language, but Ballad health believes it should be more explicit.
 - Since the modifications did not change the revised plan of separation in a substantive way, Ballad Health does not believe it necessary to seek an independent opinion.
- xiii. Comparison of Ballad Health financial ratios with similar health systems – TOC: §6.04(b)(xiii). Attachment 19.
- xiv. Total charity care information – TOC: §6.04(b)(xiv). Attachment 20.
- xv. Updated Ballad Health organizational chart, including listing of corporate officers and members of the board – TOC: §6.04(b)(xv). Attachment 21.
 - Changes to the list of corporate officers are included in the organizational chart. There have been no changes in the members of the board.



- xvi. Most recent verifiable values available for measure in index – TOC: §6.04(b)(xvi) and report on measures in Tables A and B of the CA quantitative measures – CA: performance indicators 3(c)(iii) and 4(c); VC 15.2-5384.1(G); 12VAC 5-221-110(A)(3) and (8):
- xvii. Access Measures
 - Both the Access to Care and Population Health metrics are the subject of ongoing discussion with the states through the joint Metrics Workgroup. For FY19, Ballad Health has been internally tracking performance for 25 of the 28 access measures. No agreed-upon real-time data sources exist for three of the measures: Specialist Recruitment and Retention (this was proposed in the PNA supplemental information provided on July 31, 2019), Personal Care Provider, and Prenatal Care in the First Trimester.
- xviii. Access Measure Data Table

#	Measure	Provision of Data	Baseline ¹	FY19 Results	Source
Characteristics of Health Delivery System					
1	Population within 10 miles of an urgent care center (%)	Ballad Health	80.5%	80.1% ² (slight decline)	Census + Facility Address at Census Block
2	Population within 10 miles of an urgent care center open nights and weekends (%)	Ballad Health	70.3%	70.3% (maintained)	Census + Facility Address at Census Block
3	Population within 10 miles of an urgent care facility or emergency department (%)	Ballad Health	98.9%	98.8% (maintained)	Census + Facility Address at Census Block
4	Population within 15 miles of an emergency department (%)	Ballad Health	97.3%	97.3% (maintained)	Census + Facility Address at Census Block
5	Population within 15 miles of an acute care hospital (%)	Ballad Health	97.3%	97.3% (maintained)	Census + Facility Address at Census Block
6	Pediatric readiness of emergency department	Ballad Health	67%	68.2% (improved)	Survey tool created by NEDARC
7	Appropriate emergency department wait times (%)	Ballad Health	40.7%	42.1% (improved)	NHAMCS, CDC/NCHS
8	Specialist recruitment and retention	Ballad Health	More than 150 new providers have been recruited, greater in number than departures/retirements, which have declined based on medical staff membership data. There remains no definition for this metric.		

#	Measure	Provision of Data	Baseline ¹	FY19 Results	Source
Utilization of Health Services					
Primary Care					
9	Personal Care Provider	TN	Unavailable		BRFSS, 2017
Appropriate Use of Care					
10	Preventable hospitalizations – older adults	TN; Ballad Health is tracking through state database	60.1 ³	54.3 (improved)	HDDS, 2016
11	Preventable hospitalizations –adults	TN; Ballad Health is tracking through state database	12.2 ³	10.6 (improved)	HDDS, 2016
Secondary Prevention (Screenings)					
12	Screening – Breast Cancer	TN; Ballad Health is tracking internally	74.1% ⁴	76.0% (improved)	BRFSS, 2017 (unavailable so based on Ballad Health BHMA data)
13	Screening – Cervical Cancer	TN; Ballad Health is tracking internally	63.8% ⁴	64.3% (improved)	BRFSS, 2017 (unavailable so based on Ballad Health BHMA data)
14	Screening – Colorectal Cancer	TN; Ballad Health is tracking internally	46.4% ⁴	47.2% (improved)	BRFSS, 2017 (unavailable so based on Ballad Health BHMA data)
15	Screening – Diabetes	Ballad Health	71.2%	71.3% (improved)	Based on Ballad Health BHMA data
16	Screening - Hypertension	Ballad Health	97.6%	98.9% (improved)	Based on Ballad Health BHMA data
Infant and Children					
17	Asthma ED Visits – Age 0-4	TN; Ballad Health is tracking through state database	60.4 ³	49.0 (improved)	HDDS, 2016
18	Asthma ED Visits – Age 5-14	TN; Ballad Health is tracking through state database	41.5 ³	37.1 (improved)	HDDS, 2016
19	Prenatal Care in the First Trimester	TN	66.8%	Ballad Health has no proxy	TN Vital Statistics, 2017

#	Measure	Provision of Data	Baseline ¹	FY19 Results	Source
Mental Health & Substance Abuse					
20	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad Health	33.3%	24.1% (declined)	Based on MSSP and Team Member claims data
21	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad Health	58.6%	48.0% (declined)	Based on MSSP and Team Member claims data
Antidepressant Medication Management					
22	Effective Acute Phase Treatment	Ballad Health	75.5%	76.8% (improved)	Based on MSSP and Team Member claims data
23	Effective Continuation Phase Treatment	Ballad Health	65.3%	62.1% (declined)	Based on MSSP and Team Member claims data
24	Engagement of Alcohol or Drug Treatment	Ballad Health	1.9%	6.6% (improved)	Based on Team Member claims data
25	Rate of SBIRT Administration – Hospital Admissions	Ballad Health	0.0%	0.10% ⁵ (improved)	Ballad Health Internal Data
26	Rate of SBIRT Administration – ED Visits	Ballad Health	0.0%	2.82% ⁶ (improved)	Ballad Health Internal Data
Consumer Satisfaction					
27	Patient Satisfaction and Access Surveys	Ballad Health	100%	100% (met)	Ballad Health Internal Data
28	Patient Satisfaction and Access Survey – Response Report	Ballad Health	100%	100% (met)	Ballad Health Internal Data

¹Reflects CY2017 data for external state database and claims data measures or FY2018 for internal data.

²The recent opening of the Ballad Health urgent care center in Lee County improves this metric to 81.9%, which exceeds the baseline.

³ Ballad Health is currently using a baseline of CY2017 from the TN state discharge database, which differs from the baseline published in the March 2019 COPA Report entitled “Certificate of Public Advantage: Index Reports;” Ballad Health is also using the TN state discharge database for ongoing reporting.

⁴ Ballad Health is currently using a baseline and ongoing reporting from primary care patients within Ballad Health Medical Associates. Baseline data was unavailable per the March 2019 COPA Report entitled “Certificate of Public Advantage: Index Reports.”

⁵Ballad Health initiated a pilot at Smyth County Community Hospital in April 2019. Those volumes through June 30 were then compared against the system acute care admissions for April through June 2019.

⁶Ballad Health initiated a pilot at Franklin Woods Community Hospital and Smyth County Community Hospital in April 2019 and then Johnson County Community Hospital and Sycamore Shoals Hospital in June 2019. Those volumes through June 30 were then compared to system ED visits for April through June 2019.

xix. Population Health

- As noted in the previous section, both the Access to Care and Population Health metrics are under discussion with the states through the Metrics Workgroup. Regarding Population Health, Ballad Health is responsible for three components in FY19. Detailed measures are provided below. Attachment 23.

	Goal	Status
Investment in Population Spend	Year 1 Commitment = \$1,000,000	FY19 Spend = \$2,231,975 ¹ (Exceeded)
Implementation of Population Health Plan	Submit Plan to the States for Approval	Plan Submitted and Approved (Met)
Achievement of Process Measures Identified in the Population Health Plan	Achieve 65 of the Process Measures Identified in the FY19 Implementation Roadmap	63 of the 65 Measures were Completed (met 97%)

¹Excludes baseline

- xx. Information expressly required for the Annual Report pursuant to any other section of the TOC or the COPA Act – TOC: §6.04(b)(xviii) and report on the extent of the benefits realized and compliance with other terms and conditions of the approval – CA: VC 15.2-5384.1(G):
 - These items are listed in Sections 4, and 5.J. above.
- xxi. Summary of comparison by COPA hospital or other applicable healthcare providers affiliated with Ballad Health of price increases for Ballad Health to measured payers – TOC: Addendum 1, §9.1(d)(i) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.
- xxii. Summary of comparison by COPA hospital or other applicable healthcare provider affiliated with Ballad Health of price decreases for Ballad Health to measured payers – TOC: Addendum 1, §9.1(d)(ii) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.
- xxiii. A summary comparison by the applicable Ballad Health provider, showing gross revenue and net revenue by measured payers – TOC: Addendum 1, §9.1(d)(iii) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.
- xxiv. A list of any new payers which executed managed care contracts during the preceding calendar year and verified certification from the Ballad Health chief financial officer that the pricing for such contracts complies with Addendum 1 – TOC: Addendum 1, §9.1(d)(iv) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.
- xxv. All charges and charge increase from non-hospital outpatient services, physician services, charge-based items and cost-based items – TOC: Addendum 1, §9.1(d)(v) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.

- xxvi. A report of chargemaster increases, by year and by provider, showing the impact on measured payers of such increase – TOC: Addendum 1, §9.1(d)(vi) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.
- xxvii. A summary of all value-based payments, broken out by COPA hospital and by measured payer, including a comparison of such payment to the prior year's value-based payments from such measured payer – TOC: Addendum 1, §9.1(d)(vii) / CA: Cond. 5:
 - Per Addendum 1 §9.1(d), this item is due on 11/30/19, but this section is under discussion with the state and pending final directive.
- M. Progress report on accountable care community – TOC: §3.04(d). Attachment 22.
- N. Population Health process metrics. Attachment 23.



ATTACHMENT 1

ANNUAL REPORT CONTENTS

- TOC, Exhibit G, pages 1-2 – 1a
- Virginia Code 15.2-5384.1 – 1b
- 12 Virginia Administrative Code 5-221-110 – 1c

AMENDED AND RESTATED TOC 7/31/19, EXHIBIT G, PAGES 1 - 2

Forms of Annual Report and Quarterly Report

ANNUAL REPORT CONTENTS:

- Facility maintenance and capital expenditures. Schedule of all maintenance and repair expenses and capital expenditures during the year; Section 3.07(b). Beginning with the NHS Annual Report for third fiscal year, NHS shall report whether it has met or exceeded aggregate capital expenditure spending commitments for prior three years per capital plan; Section 3.07(b).
- Career development plan. Explain implementation and results; Section 3.08(c).
- Clinical Council. Common standard of care, credentialing standards, consistent multidisciplinary peer review and best practices; Section 4.02(b)(v).
- Integrated delivery system measures. Common and comprehensive set of measures and protocols that will be part of the IDS; track and monitor opportunities to improve healthcare and access; Section 4.02(c)(i).
- Quality indicators. Summary of all results of quality indicators; include comparisons to similarly-sized systems in the United States; Section 4.02(c)(ii).
- Patient satisfaction survey. Results of the patient satisfaction surveys* required of the NHS; Section 4.02(c)(iii).
- Staffing ratios. Including hours of patient care delivered per patient and ratio of RN to LPN and other caregivers**;
Section 4.02(c)(iv).
- Staff survey. Results of the three-year survey of physician and employee satisfaction***; Section 4.02(c)(v).
- Monitoring reports
 - o Patient-related prices charged; Section 6.04(b)(i).
 - o Cost-efficiency steps taken; Section 6.04(b)(ii).
 - o Equalization plan status; Section 6.04(b)(iii).
 - o Updates and implementation of the Population Health plan and the HR/GME plan; Section 6.04(b)(iv).
 - o Services or functions consolidated; Section 6.04(b)(v).
 - o Changes in volume or availability of inpatient or outpatient services; Section 6.04(b)(vi).
 - o Summary of residency program; Section 6.04(b)(vii).
 - o Movement of any residency “slots”; Section 6.04(b)(viii).
 - o Academic partnerships – money spent, summary of research, status of grant(s); Section 6.04(b)(ix).
 - o Outcomes of previously-reported research projects; Section 6.04(b)(x).
 - o Summary of quality performance standards and best practices established by the Clinical Council in Section 4.02(b); Section 6.04(b)(xi).
 - o Updated plan of separation; Section 6.04(b)(xii).
 - o Comparison of NHS financial ratios with similar health systems; Section 6.04(b)(xiii).
 - o Total charity care information described in Section 4.03(f); Section 6.04(b)(xiv).
 - o Updated NHS organizational chart including listing of corporate officers and members of the board; Section 6.04(b)(xv).
 - o Most recent verifiable values available for measures in index; Section 6.04(b)(xvi).
 - o Information expressly required for the Annual Report pursuant to any other section of this COPA or the COPA Act; Section 6.04(b)(xviii).
 - o Summary comparison by COPA hospital or other applicable healthcare provider affiliated with the NHS of price increase for the NHS to measured payers; Addendum 1, Section 9.1(d)(i).
 - o Summary comparison by COPA hospital or other applicable healthcare provider affiliated with the NHS

- of price decreases for the NHS to measured payers; Addendum 1, Section 9.1(d)(ii).
- A summary comparison and by the applicable NHS provider showing gross revenue and net revenue by measured payers; Addendum 1, Section 9.1(d)(iii).
- A list of any new payers which executed managed care contracts during the preceding calendar year and a verified certification from the new health system chief financial officer that the pricing for such contracts complies with Addendum 1; Addendum 1, Section 9.1(d)(iv).
- All charges and charge increases for non-hospital outpatient services, physician services, charge-based items and cost-based items for measured payers; Addendum 1, Section 9.1(d)(v).
 - A report of chagemaster increases, by year and by provider, showing the impact on measured payers of such increases to the extent the increase required an adjustment described in Part VI or Part VII of Addendum 1; Addendum 1, Section 9.1(d)(vi).
 - A summary of all value-based payments broken out by COPA hospital and by measured payer, including a comparison of such payments to the prior year's value-based payments from such measured payer; Addendum 1, Section 9.1(d)(vii).

*Form and frequency of survey shall be approved by the department.

**The manner of calculating the exact ratios shall be approved by the department.

***The summary form shall be approved by the department.

Code of Virginia Title 15.2. Counties, Cities and Towns Chapter 53.1. Southwest Virginia Health Authority

§ 15.2-5384.1. Review of cooperative agreements.

A. The policy of the Commonwealth related to each participating locality is to encourage cooperative, collaborative, and integrative arrangements, including mergers and acquisitions among hospitals, health centers, or health providers who might otherwise be competitors. To the extent such cooperative agreements, or the planning and negotiations that precede such cooperative agreements, might be anticompetitive within the meaning and intent of state and federal antitrust laws, the intent of the Commonwealth with respect to each participating locality is to supplant competition with a regulatory program to permit cooperative agreements that are beneficial to citizens served by the Authority, and to invest in the Commissioner the authority to approve cooperative agreements recommended by the Authority and the duty of active supervision to ensure compliance with the provisions of the cooperative agreements that have been approved. Such intent is within the public policy of the Commonwealth to facilitate the provision of quality, cost-efficient medical care to rural patients.

B. A hospital may negotiate and enter into proposed cooperative agreements with other hospitals in the Commonwealth if the likely benefits resulting from the proposed cooperative agreements outweigh any disadvantages attributable to a reduction in competition that may result from the proposed cooperative agreements. Benefits to such a cooperative agreement may include, but are not limited to, improving access to care, advancing health status, targeting regional health issues, promoting technological advancement, ensuring accountability of the cost of care, enhancing academic engagement in regional health, strengthening the workforce for health-related careers, and improving health entity collaboration and regional integration where appropriate.

C. Parties located within any participating locality may submit an application for approval of a proposed cooperative agreement to the Authority. In such an application, the applicants shall state in detail the nature of the proposed arrangement between them, including without limitation the parties' goals for, and methods for achieving, population health improvement, improved access to health care services, improved quality, cost efficiencies, ensuring affordability of care, and, as applicable, supporting the Authority's goals and strategic mission. The Authority shall determine whether the application is complete. If the Authority determines that the application is not complete, the Authority shall notify the applicants in writing of the additional items required to complete the application. A copy of the complete application shall be provided to the Commissioner and the Office of the Attorney General at the same time that it is submitted to the Authority. If the applicants believe the materials submitted contain proprietary information that are required to remain confidential, such information must be clearly identified and the applicants shall submit duplicate applications, one with full information for the Authority's use and one redacted application available for release to the public.

The Authority, promptly upon receipt of a complete application, shall publish notification of the application in a newspaper of general circulation in the LENOWISCO and Cumberland Plateau Planning Districts and on the Authority's website. The public may submit written comments regarding the application to the Authority within 20 days after the notice is first published. The Authority shall promptly make any such comments available to the applicants. The applicants may respond in writing to the comments within 10 days after the deadline for submitting comments. Following the close of the written comment period, the Authority shall, in conjunction with the Commissioner, schedule a public hearing on the application. The hearing shall be held no later than 45 days after receipt of the application. Notice of the hearing shall be mailed to the applicants and to all persons who have submitted written comments on the proposed cooperative agreement. The Authority, no later than 15 days prior to the scheduled date of the hearing, also shall publish notice of the hearing in a newspaper of general circulation in the LENOWISCO and Cumberland Plateau Planning Districts and on the Authority's

website.

- D. In its review of an application submitted pursuant to subsection C, the Authority may consider the proposed cooperative agreement and any supporting documents submitted by the applicants, any written comments submitted by any person, any written response by the applicants, and any written or oral comments submitted at the public 10/15/2019 § 15.2-5384.1. Review of cooperative agreements <https://law.lis.virginia.gov/vacode/title15.2/chapter53.1/section15.2-5384.1/> 2/4 hearing. The Authority shall review a proposed cooperative agreement in consideration of the Commonwealth's policy to facilitate improvements in patient health care outcomes and access to quality health care, and population health improvement, in rural communities and in accordance with the standards set forth in subsection E. Any applicants to the proposed cooperative agreement under review, and their affiliates or employees, who are members of the Authority, as well as any members of the Authority that are competitors, or affiliates or employees of competitors, of the applicants proposing such cooperative agreement, shall not participate as a member of the Authority in the Authority's review of, or decision relating to, the proposed cooperative agreement; however, this prohibition on such person's participation shall not prohibit the person from providing comment on a proposed cooperative agreement to the Authority or the Commissioner. The Authority shall determine whether the proposed cooperative agreement should be recommended for approval by the Commissioner within 75 days of the date the completed application for the proposed cooperative agreement is submitted for approval. The Authority may extend the review period for a specified period of time upon 15 days' notice to the parties.
- E. The Authority shall recommend for approval by the Commissioner a proposed cooperative agreement if it determines that the benefits likely to result from the proposed cooperative agreement outweigh the disadvantages likely to result from a reduction in competition from the proposed cooperative agreement.
- F. In evaluating the potential benefits of a proposed cooperative agreement, the Authority shall consider whether one or more of the following benefits may result from the proposed cooperative agreement:
- a. Enhancement of the quality of hospital and hospital-related care, including mental health services and treatment of substance abuse, provided to citizens served by the Authority, resulting in improved patient satisfaction;
 - b. Enhancement of population health status consistent with the regional health goals established by the Authority;
 - c. Preservation of hospital facilities in geographical proximity to the communities traditionally served by those facilities to ensure access to care;
 - d. Gains in the cost-efficiency of services provided by the hospitals involved;
 - e. Improvements in the utilization of hospital resources and equipment;
 - f. Avoidance of duplication of hospital resources;
 - g. Participation in the state Medicaid program; and
 - h. Total cost of care.
 - a. The Authority's evaluation of any disadvantages attributable to any reduction in competition likely to result from the proposed cooperative agreement shall include, but need not be limited to, the following factors:
 - b. The extent of any likely adverse impact of the proposed cooperative agreement on the ability of health maintenance organizations, preferred provider organizations, managed health care organizations, or other health care payers to negotiate reasonable payment and service arrangements with hospitals, physicians, allied health care professionals, or other health care providers;
 - c. The extent of any reduction in competition among physicians, allied health professionals, other health care providers, or other persons furnishing goods or services to, or in competition with,

- hospitals that is likely to result directly or indirectly from the proposed cooperative agreement;
- d. The extent of any likely adverse impact on patients in the quality, availability, and price of health care services; and
 - e. The availability of arrangements that are less restrictive to competition and achieve the same benefits or a more favorable balance of benefits over disadvantages attributable to any reduction in competition likely to result from the proposed cooperative agreement.
- G. If the Authority deems that the proposed cooperative agreement should be recommended for approval, it shall provide such recommendation to the Commissioner. 10/15/2019 § 15.2-5384.1.
- H. Review of cooperative agreements <https://law.lis.virginia.gov/vacode/title15.2/chapter53.1/section15.2-5384.1/> 3/4

Upon receipt of the Authority's recommendation, the Commissioner may request from the applicants such supplemental information as the Commissioner deems necessary to the assessment of whether to approve the proposed cooperative agreement. The Commissioner shall consult with the Attorney General regarding his assessment of whether to approve the proposed cooperative agreement. On the basis of his review of the record developed by the Authority, including the Authority's recommendation, as well as any additional information received from the applicants as well as any other data, information, or advice available to the Commissioner, the Commissioner shall approve the proposed cooperative agreement if he finds after considering the factors in subsection E that the benefits likely to result from the proposed cooperative agreement outweigh the disadvantages likely to result from a reduction in competition from the proposed cooperative agreement. The Commissioner shall issue his decision in writing within 45 days of receipt of the Authority's recommendation. However, if the Commissioner has requested additional information from the applicants, the Commissioner shall have an additional 15 days, following receipt of the supplemental information, to approve or deny the proposed cooperative agreement. The Commissioner may reasonably condition approval of the proposed cooperative agreement upon the parties' commitments to achieving the improvements in population health, access to health care services, quality, and cost efficiencies identified by the parties in support of their application for approval of the proposed cooperative agreement. Such conditions shall be fully enforceable by the Commissioner. The Commissioner's decision to approve or deny an application shall constitute a case decision pursuant to the Virginia Administrative Process Act (§ 2.2-4000 et seq.).

- I. If approved, the cooperative agreement is entrusted to the Commissioner for active and continuing supervision to ensure compliance with the provisions of the cooperative agreement. The parties to a cooperative agreement that has been approved by the Commissioner shall report annually to the Commissioner on the extent of the benefits realized and compliance with other terms and conditions of the approval. The report shall describe the activities conducted pursuant to the cooperative agreement, including any actions taken in furtherance of commitments made by the parties or terms imposed by the Commissioner as a condition for approval of the cooperative agreement, and shall include information relating to price, cost, quality, access to care, and population health improvement. The Commissioner may require the parties to a cooperative agreement to supplement such report with additional information to the extent necessary to the Commissioner's active and continuing supervision to ensure compliance with the cooperative agreement. The Commissioner shall have the authority to investigate as needed, including the authority to conduct onsite inspections, to ensure compliance with the cooperative agreement.
- J. If the Commissioner has reason to believe that compliance with a cooperative agreement no longer meets the requirements of this chapter, the Commissioner shall initiate a proceeding to determine whether compliance with the cooperative agreement no longer meets the requirements of this chapter. In the course of such proceeding, the Commissioner is authorized to seek reasonable modifications to a cooperative agreement, with the consent of the parties to the agreement, in order to ensure that it continues to meet the requirements of this chapter. The Commissioner is authorized to revoke a cooperative agreement upon a finding that (i) the parties to the agreement are not complying with its terms or the conditions of approval; (ii) the agreement is

- not in substantial compliance with the terms of the application or the conditions of approval; (iii) the benefits resulting from the approved agreement no longer outweigh the disadvantages attributable to the reduction in competition resulting from the agreement; (iv) the Commissioner's approval was obtained as a result of intentional material misrepresentation to the Commissioner or as the result of coercion, threats, or intimidation toward any party to the cooperative agreement; or (v) the parties to the agreement have failed to pay any required fee. All proceedings initiated by the Commissioner under this chapter and any judicial review thereof shall be held in accordance with and governed by the Virginia Administrative Process Act (§ 2.2-4000 et seq.).
- K. The Commissioner shall maintain on file all cooperative agreements that the Commissioner has approved, including any conditions imposed by the Commissioner. Any party to a cooperative agreement that terminates its participation in such cooperative agreement shall file a notice of termination with the Commissioner within 30 days after termination.
 - L. The Commissioner may contract with qualified experts and consultants that he deems necessary in his review of an application for approval of a cooperative agreement or supervision of a cooperative agreement.
 - M. The Commissioner shall be entitled to reimbursement from applicants seeking approval of a cooperative agreement for all reasonable and actual costs incurred by the Commissioner in his review of the application for a cooperative agreement made pursuant to this chapter, including costs of experts and consultants retained by the Commissioner. 10/15/2019 § 15.2-5384.1. Review of cooperative agreements
<https://law.lis.virginia.gov/vacode/title15.2/chapter53.1/section15.2-5384.1/> 4/4 The Commissioner shall incur only those costs necessary to adequately review the application as determined in his sole discretion. The Commissioner shall maintain detailed records of all costs incurred for which he seeks reimbursement from the applicant.
 - N. The Commissioner shall determine the activities needed to actively supervise the cooperative agreement and may incur only those expenses necessary for such supervision as determined in his sole discretion. The Commissioner shall be entitled to reimbursement from the parties to a cooperative agreement for all reasonable and actual costs incurred by the Commissioner in the supervision of the cooperative agreement approved pursuant to this chapter, including costs of experts and consultants retained by the Commissioner. Prior to contracting with experts or consultants, the Commissioner shall provide reasonable notice to the parties describing the proposed scope of work and anticipated costs of such experts and consultants. The parties shall be given a reasonable time period to provide to the Commissioner information related to possible alternatives to the use of such experts and consultants. The Commissioner shall consider the information submitted by the parties in determining whether to retain an expert or consultant. The Commissioner shall maintain detailed records of all costs incurred for which he seeks reimbursement from the parties. Within 30 days of the end of each quarter, the Commissioner shall provide to the parties a written quarterly report detailing all costs incurred by the Commissioner related to the supervision of the cooperative agreement for which the Commissioner seeks reimbursement. The parties shall make payment to the Department of Health within 30 days of the receipt of such request for reimbursement.
 - O. Reimbursement received pursuant to subsections K and L shall be paid into the Department of Health. Non-general funds generated by the reimbursements collected in accordance with this chapter on behalf of the Department and accounted for and deposited into a special fund by the Commissioner of the Department shall be held exclusively to cover the expenses of the Department in administering this chapter and shall not be transferred to any other agency, except to cover expenses directly related to active supervision of the cooperative agreement.

2015, c. 741; 2018, c. 371. <https://law.lis.virginia.gov/vacode/title15.2/chapter53.1/section15.2-5384.1/>

12VAC5-221-110. Annual Reporting.

- A. Parties shall report annually to the commissioner on the extent of the benefits realized and compliance with any terms and conditions placed on their letter authorizing cooperative agreement. The report shall:
 1. Describe the activities conducted pursuant to the Cooperative Agreement;
 2. Include any actions taken in furtherance of commitments made by the Parties or terms imposed by the commissioner as a condition for approval of the Cooperative Agreement;
 3. Include information related to changes in price, cost, quality, access to care and population health improvement;
 4. Include actual costs, revenues, profit margins and operating costs;
 5. Include a charge master;
 6. Include information reflecting the contracted rates negotiated with non-physician providers, allied health professionals and others;
 7. Include any measures requested by the department based on the recommendations of the Technical Advisory Panel appointed pursuant to 12VAC5-221-120; and
 8. Include the current status of the quantitative measures established under 12VAC5-221-100(C) and the information requested by the department for benchmarks established in 12VAC5-221-100(B).
- B. The Parties shall be required to update the Parties' plan for separation annually and submit the updated plan of separation to the department. The Parties shall provide an independent opinion from a qualified organization that states the plan of separation may be operationally implemented without undue disruption to essential health services provided by the Parties.
- C. The commissioner may require the Parties to supplement the annual report with additional information to the extent necessary to ensure compliance with the Cooperative Agreement and the letter authorizing cooperative agreement.
- D. All annual reports submitted pursuant to this subsection shall be certified audited by a third-party auditor.
- E. The fee due with the filing of the annual report shall be \$20,000. If the commissioner should determine that the actual cost incurred by the department is greater than \$20,000, the Parties shall pay any additional amounts due as instructed by the department. The annual filing fee shall not exceed \$75,000.
- F. The commissioner shall issue a written decision and the basis for the decision on an annual basis as to whether the benefits of the Cooperative Agreement continue to outweigh any disadvantages attributable to a reduction in competition that have resulted from the Cooperative Agreement.



ATTACHMENT 2

ACTIVITIES CONDUCTED PURSUANT TO THE COOPERATIVE AGREEMENT



Ballad Health Annual Report – Fiscal Year 2019

Reporting Period: July 1, 2018 – June 30, 2019

12VAC5-221-110. Annual Reporting.

- A. Parties shall report annually to the commissioner on the extent of the benefits realized and compliance with any terms and conditions placed on their letter authorizing cooperative agreement. The report shall:
- a) Describe the activities conducted pursuant to the Cooperative Agreement
 - o Submission of the following documents/deliverables as required by the COPA/CA:
 - o Monthly quality report (7/30/18)
 - o Health services plans (7/30/18)
 - Behavioral Health
 - Children’s Health
 - Population Health
 - Rural Health
 - o Capital plan (7/30/18)
 - o Career Development Plan (7/30/18)
 - o Annual Quality Improvement Priorities (7/30/18)
 - o HIE Plan Outline (7/30/18)
 - o HR/GME Plan Outline (7/30/18)
 - o Physician Services Index (8/8/18)
 - o Ballad Health Quarterly Report, FY18 4th Qtr. (8/14/18)
 - o COPA Compliance Office Quarterly Report FY18 4th Qtr. (8/14/18)
 - o Community Health Needs Assessments Follow-up (8/20/18)
 - o Revised Health Services Plans (8/24/18)
 - o Request for exemption of Addendum1 Part IV (8/27/18)
 - o Request for exemption Ambulatory Surgery Centers Addendum 1 Part IV (8/27/18)
 - o Monthly Quality Report (8/30/18)
 - o Cardiac Cath Lab Consolidation to HV (9/14/18)
 - o Monthly Quality Report (9/25/18)
 - o Revised Health Plans (Virginia) (9/28/18)
 - o Semi-Annual Complaints Report (10/22/18)
 - o Monthly Quality Report (10/31/18)
 - o Ballad Health Annual Report, FY18 (11/15/18)
 - o COPA Compliance Office Annual Report, FY18 (11/15/18)
 - o Ballad Health Quarterly Report, FY19 1st Qtr. (11/20/18)
 - o COPA Compliance Office Quarterly Report, FY19, 1st Qtr. (11/20/18)
 - o Updates to Lists of Ancillary Services and Post-Acute Services offered by competitors (11/21/18)
 - o Monthly Quality Report (11/28/18)
 - o Draft HIE Plan (11/29/18)
 - o Draft HR/GME Plan (11/29/18)
 - o Monthly Quality Report (12/26/18)
 - o Revised Monthly Quality Report (12/28/18)
 - o Updated Comprehensive List of Ancillary Services and Post-Acute Services offered by competitors (12/28/18)
 - o Updates to Lists of Ancillary Services and Post-Acute Services offered by competitors (1/16/19)

- Consolidation of Oncology Services (1/18/19)
 - Response to Questions Regarding NICU Consolidation Plan (1/19/19)
 - Notification on Greene County services (1/29/19)
 - Final HIE Plan (1/29/19)
 - Final HR/GME Plan (1/29/19)
 - Monthly Quality Report (1/30/19)
 - Employee Health Plan Baseline Data (1/31/19)
 - Physician Participation in Clinical Services Network – Baseline Data (1/31/19)
 - Physician Participation in Common Clinical IT Platform - Baseline Data (1/31/19)
 - Employer Health Outreach Program - Baseline Data (1/31/19)
 - Table A Measures Baseline Data (1/31/19)
 - Table B Measures Baseline Data (1/31/19)
 - Physician/Physician Extender Baseline Data (1/31/19)
 - Table C Measures Baseline Data (1/31/19)
 - Rural Health Services Plan (1/31/19)
 - HIE Plan (1/31/19)
 - Health Research/GME Plan (1/31/19)
 - Health System and Virginia Employee Turnover Baseline Data (2/4/19)
 - Notification on Wise County Services (2/4/19)
 - Ballad Health Quarterly Report, FY19 2nd Qtr. (2/13/19)
 - COPA Compliance Office Quarterly Report, FY19 2nd Qtr. (2/13/19)
 - Monthly Quality Report (2/27/19)
 - Proposed Line of Sight Metrics Impacted by Three-Year Health Plans to Measure Progress of the Three-Year Strategic Plan (3/18/19)
 - Ballad Health response to questions on Quality Metrics pertinent to the FY18 Annual Report (3/26/19)
 - Monthly Quality Report (3/27/19)
 - Ballad Health additional response to questions on Quality Metrics pertinent to the FY18 Annual Report (3/29/19)
 - Response to States' Comments on Health Research/GME Plan (3/29/19)
 - HIE Plan (4/5/19)
 - Semiannual Complaints Report (4/9/19)
 - Charity Care/Financial Assistance Policy Revisions (4/15/19)
 - Monthly Quality Report (4/30/19)
 - Updates to Lists of Ancillary Services and Post-Acute Services offered by competitors (5/8/19)
 - Charity Care/Financial Assistance Policy Revisions (5/9/19)
 - Ballad Health Quarterly Report, FY19 3rd Qtr. (5/14/19)
 - COPA Compliance Office Quarterly Report, FY19 3rd Qtr. (5/14/19)
 - Monthly Quality Report (5/30/19)
 - Trauma Consolidation (Pre-approved in COPA)
 - Population Health Official Proposal and Evaluation (6/18/19)
 - Population Health Official Proposal and Evaluation – Revised Version (6/20/19)
 - Monthly Quality Report (6/27/19)
 - FY20 Implementation Roadmaps for six Three-Year Plans (6/28/19)
- **The following waiver requests were submitted to seek permission for any modification from the established requirements:**

- Request for a Section 5.05(e) Waiver to employ one neurosurgeon sent 8/23/18 to Commissioner Dreyzehner. Waiver granted on 9/26/18.
- Letter dated 9/27/18 was submitted to Commissioner Dreyzehner requesting approval of JCMC cardiothoracic surgeons to be cross-credentialed. Request to backdate to June 1.
- Request for consolidation of cardiovascular cath lab operations in Kingsport (Request sent to Attorney General's office on 6/4/18. Formal letter request sent to Commissioner on 9/14/18). Waiver granted 9/20/18.
- Request for waiver to hire one neurosurgeon. Waiver granted 9/26/18.
- Request for cross credentialing throughout Ballad Health through June 1, 2019. Waiver granted 5/9/19 effective through February 28, 2020.
- Request to hire two replacement interventional cardiologists at JMH submitted 5/17/19. Waiver granted 5/31/19.

- **All notifications required for regulatory survey results were submitted timely as required.**

- **The following requests were submitted for modifications/extensions for deliverables or definitions documented in the original merger agreements (TOC/CA):**
 - Request for exemption of Addendum 1 Part IV - Submitted on 8/27/18. Received request from Tennessee Department of Health for further information on 9/14/18.
 - Request for addendum/revision to the TOC to adjust base charity care reporting to fiscal year to coincide with Ballad Health's reporting methodology. TOC amended and restated 7/31/19.
 - Request for exemption of Addendum 1 Part IV - Submitted on 8/27/18. Received request from Tennessee Department of Health for further information on 9/14/18.



ATTACHMENT 3

ACTIONS TAKEN IN FURTHERANCE OF COMMITMENTS

A. Summary

While many nonurban and rural health systems around the nation struggle to survive in a volatile healthcare environment, Ballad Health has sought a different path, one where local healthcare governance is willing to face those challenges by making the difficult decisions that come with the fiduciary responsibility of sustaining these important assets. Although some health systems that have undergone a merger have found difficulty in achieving benefits—with one such system recently announcing nearly \$600 million in operating losses during its first year of operation—Ballad Health has conversely turned pre-merger losses into improved financial stability that supports the programs, services and access needed in this large region.

Serving a largely rural region with no population growth, declining hospitalization rates and stagnant economic output, Ballad Health has efficiently realigned its resources to enhance quality of care and better serve the needs of its service population, which has extremely high rates of diabetes, obesity, addiction and other preventable illnesses and disease.

That repositioning of resources gave Ballad Health the leverage to lower costs for patients and employers while simultaneously investing in needed specialties, rural health services, academics and research, children’s services and nursing wages.

For the fiscal year, Ballad Health saw its financial position improve through exceptional management of expenses, improved productivity, reduced reliance on temporary contract labor and focused supply cost management. Sound management of cost has not come at the expense of quality. To the contrary, objective quality measures have improved, more than 150 new providers have been recruited, and services have been restored to communities that had previously lost them. The Ballad Health Board of Directors has established a primary goal to become a nationally-recognized, zero-harm health system performing at the top decile among American health systems.

Ballad Health does not merely seek to survive in this environment. No longer just a healthcare service provider, Ballad Health has instituted steps to become a proactive community health improvement partner with initiatives to improve educational attainment, workforce participation and healthy behaviors.

Some of the activities and accomplishments during the 2019 fiscal year include:

B. Improving the community’s health status

1. Accountable Care Community achievements

A leadership committee representing 24 regional organizations, along with more than 250 community stakeholder groups, has created the region’s first accountable care community – a collaborative group whose goal is to transform the health of a region spanning 21 counties in Northeast Tennessee and Southwest Virginia.

A formalized partnership of Ballad Health, Healthy Kingsport and the United Way of Southwest Virginia serves as the backbone of the accountable care community, which uses the collective impact model to align the efforts of all sectors of a community or region to accomplish shared objectives.

The accountable care community will focus on supportive systems, programs and environments that nurture strong children and families to help them develop the key characteristics that will lead to success in life. The 250 participating community stakeholder groups identified the concept of personal resiliency as being a primary differentiator between those who succeed in life and overcome adverse experiences and those who do not, which is especially critical to the region’s children. <https://www.balladhealth.org/news/regional-leaders-create->

[accountable-care-community](#)

2. Creation of new Behavioral Health Services Division

To achieve success in a value-based healthcare environment and to achieve the goals for improved access to behavioral services for the region, Ballad Health created the Behavioral Health Services Division.

This new division will oversee all inpatient and outpatient services, including Overmountain Recovery and 186 behavioral service beds throughout the health system, including the 84 beds at Woodridge Hospital. Already, the new division is taking lead on establishing a residential facility for women who are pregnant and homeless, or drug addicted – a meaningful step toward reducing the abuse, neglect and other challenges that plague our region due to the addiction epidemic. <https://www.balladhealth.org/news/org-changes-increase-physician-leadership>

3. Programs to improve child literacy

Since 2014, Niswonger Children’s Hospital has reached outside the hospital walls and into the community to improve child literacy through the B.E.A.R. Buddies reading program, which pairs volunteer mentors with elementary school students who need a boost in their reading skills. When five new schools recently requested to join the program, Ballad Health Chairman and CEO Alan Levine issued a call to Ballad Health team members to help fill the gap. To date, 100 volunteers for the 2020 school year have signed up.

<https://www.balladhealth.org/news/Ballad-health-bear-buddies-child-literacy>

Ballad Health also partnered with seven United Way organizations in a pilot initiative to increase grade-level reading and improve reading proficiency for the region’s children. The program is supported by a \$300,000 investment, which includes \$100,000 from Ballad Health Foundation and \$100,000 from contributions made by Ballad Health team members during the health system’s 2018 team member campaign.

The program is piloting the following initiatives: Tutoring and educational programming designed to raise children’s reading level scores in school systems; training on trauma-informed care for teachers and caregivers; United WE READ, which engages, empowers and equips all children and families using tools and strategies to build a literacy-rich culture; reading volunteers brought digitally into the classroom through a computer program called Vello; and a region-wide chronic absence initiative offering mini-grants and a regionally focused online attendance toolkit across 17 school districts in Southwest Virginia.

In April 2019, Ballad Health donated 3,000 books to schools in Smyth County, Virginia, allowing each student in the school system to take home a free book. <https://wcyb.com/news/local/ballad-health-donates-3000-books-to-smyth-county-schools>

4. STRONG Kids initiative

Ballad Health is participating in a new initiative called STRONG Kids, which stands for Striving Toward Resiliency and Opportunities for the Next Generation, that brings together and assists regional organizations that support children.

The program will enable Ballad Health, Niswonger Children’s Hospital and the Bristol chapter of Speedway Children’s Charities to share ideas and best practices that will help children in the region reach their potential through expanded opportunities in health, education and economic vitality. The partnership is designed to bring a new level of support to these organizations that are on the front lines serving children.

<https://www.balladhealth.org/news/initiative-improving-regions-children>

5. Creation of The Ballad Health Innovation Center

Ballad Health created The Innovation Center to serve as a hub for development of partnerships and collaborations that can bring to market life-saving initiatives and other technologies and services that can improve the human condition.

Interfacing with Ballad Health research programs and developing partnerships with vendors that add value, The



Innovation Center will create opportunities to capitalize on new programs that have potential in the marketplace. <https://www.balladhealth.org/news/org-changes-increase-physician-leadership>

6. Partnership with Washington County results in 10% reduction of employee health costs

Ballad Health's partnership with Washington County, TN, resulted in a 10% reduction in county employee health insurance premiums during the 2017-2018 year, according to a letter from Mayor Joe Grandy. In fiscal year 2018-2019, Grandy said county employee premiums held steady as healthcare costs continued to decline. Grandy credited the involvement of Ballad Health in controlling costs and reducing unnecessary hospital admissions and utilization as a primary reason for the cost reduction.

7. Smyth County opioid crisis grant

With Smyth County Community Hospital serving as the lead organization, community stakeholders in Smyth County, Virginia, were awarded a \$737,000 federal grant from the Rural Health Opioid Program, which is part of the U.S. Department of Health & Human Services. The three-year grant will be used to form a multi-disciplinary opioid consortium. <https://www.balladhealth.org/news/smyth-county-address-national-opioid-crisis>

C. Improving access to healthcare services

1. Announced plan for new addiction services for pregnant women

Ballad Health has commenced the planning process for the implementation of new services for women who are pregnant and in need of certain mental health services, addiction treatment and other supports that will help ensure the strongest possible starts for their children.

The new services were made possible through the planned consolidation of acute care, surgical and other services to Greeneville Community Hospital East Campus from the West Campus.

To begin planning for implementation, and because local physicians and emergency medical services leaders advised it would be best for patient care, all emergency services were integrated at Greeneville Community Hospital East Campus effective Sept. 1, 2019. These services will join acute care and surgical services, which were integrated in April 2019.

By integrating services in the two Greeneville hospitals, which each had an occupancy of less than 30 percent and more than \$70 million in operating losses over the previous five years, Ballad Health can utilize the reclaimed capacity to bring new services, while also strengthening the community's acute care hospital services. Concentrating acute care volumes at one facility helps sustain quality, improve efficiency and lower the cost of care. Additionally, by providing needed new services to women who are pregnant and in serious need of behavioral health and other treatment services, healthcare costs and other costs to society will be reduced over time. <https://www.balladhealth.org/news/announces-new-services-greeneville>

2. Opened America's newest rural hospital in Unicoi County

Ballad Health officially opened the new Unicoi County Hospital in October 2018. The 40,000-square-foot facility includes a 24-hour emergency department with a telemedicine connection to Niswonger Children's Hospital; 10 inpatient beds; pulmonary, cardiac and acute care services; a chest pain center; standard and advanced diagnostics including nuclear medicine; and outpatient services.

3. Board of Directors voted to reopen Lee County Community Hospital

While more than 100 rural hospitals across the nation have closed since 2010, Ballad Health bucked that trend in January 2019 when its board of directors voted unanimously to start negotiating with the Lee County Hospital Authority to reopen the Lee County Community Hospital in Pennington Gap, Virginia, which had closed in 2013.

Ballad Health worked in conjunction with a group of 20 local Lee County residents who serve on the Community Advisory Committee to complete a Community Health Needs Assessment to better understand what types of services were most needed in the area. That assessment was reviewed and approved by the Lee County Hospital Authority. The hospital is on schedule to open in the fall of 2020. <https://www.balladhealth.org/news/new-lee-county-urgent-care>

4. Reduced fees for physician practices

As part of Ballad Health's commitment to make healthcare more affordable and accessible, the health system announced a new, uniform pricing system that resulted in a 17% overall average decrease in professional fees for Ballad Health physicians and other caregivers. The change also significantly discounted professional fees by 77% for patients without insurance.

The adjusted pricing affects all charges from physicians, nurse practitioners and physician assistants employed by Ballad Health, including those with Ballad Health Medical Associates primary care and specialty practices and Ballad Health Urgent Care.

In addition to the decrease in prices, this evaluation of pricing and charge structures resulted in the decision to increase the uninsured discount of 25% for legacy Mountain States Health Alliance clinic patients to match the discount received by legacy Wellmont clinic patients. That discount is now 77% across Ballad Health for all physician practices. Out-of-pocket costs for patients with insurance, including Medicare, Medicaid and commercial plans, did not significantly change. Ballad Health also increased the threshold for patients who are eligible for charity care from 200% of the federal poverty level to 225% of the federal poverty level. <https://www.balladhealth.org/news/physician-practices-reduce-charges>.

5. Announced plans to protect and advance rural healthcare in Wise County

Now operating as a single health system, Ballad Health has been able to keep nearly 700 more patients in Wise County, Virginia, for their care during the past year who would have had to travel before the merger. Many of those patients were surgical patients who would have previously been referred outside of Wise County to receive care due to physicians' inability to provide cross-coverage among Wise County hospitals that were competitors. Although the county saw no population growth in 2018, the number of surgeries performed in the county increased by 16%.

Ballad Health also invested \$2.2 million in 2018 to update facilities in Wise County with new equipment and spaces, like new cardiac stress test equipment, more telemedicine capabilities and renovations to the long-term facilities.

Following the recommendation of local physicians, Ballad Health chose to stop performing operating room (OR) surgery procedures at Mountain View Regional Hospital because the number of procedures taking place was too low to meet industry-accepted patient safety standards. Surgical procedures continued to be performed at Lonesome Pine Hospital and Norton Community Hospital.

Most recently, the Commonwealth of Virginia approved Ballad Health's plan to strengthen healthcare safety and access by moving inpatient and critical care services from Mountain View to Lonesome Pine Hospital and combine the two hospitals' medical/surgical and ICU units. The plan also includes integrating emergency room services at Norton Community Hospital. <https://www.balladhealth.org/news/progress-healthcare-wise-county>

6. Founded dental residency at Johnston Memorial Hospital

Johnston Memorial Hospital launched a dental residency program that offers advanced training to dentists who have obtained licensure and are interested in furthering their education or specializing in a certain field.

The residency will establish the Appalachian Highlands Community Dental Center, where a dental resident will provide a variety of services, including preventative care such as sealants, as well as restorative care like crowns,



fillings and dentures. The dental care is offered on a sliding scale to uninsured community members in need throughout Southwest Virginia, where as many as 68% of residents live without dental insurance.

<https://www.balladhealth.org/news/johnston-memorial-dental-underserved>

7. Supported Milligan College’s addiction counseling concentration

Thanks to support from Ballad Health and the BlueCross BlueShield of Tennessee Health Foundation, Milligan College announced the expansion of its Master of Science in Counseling program to include a concentration in addictions counseling, beginning in the fall of 2019.

Milligan’s counseling program is a two-year, 60 credit hour program offering concentrations in clinical mental health and school counseling. The addition of addictions counseling is projected to double the number of students in the program.

With limited graduate-level options available in the region, the demand for licensed addictions counselors has increased exponentially. Graduates of the new concentration will be qualified for licensure as addictions counselors. Also, current licensed clinical mental health counselors will have an option to add on the addictions subspecialty in as few as two semesters. <https://www.balladhealth.org/news/milligan-addiction-counseling-degree>

8. Partnership with ETSU to create fellowship program in addiction medicine

Ballad Health and East Tennessee State University formed a partnership to create a new fellowship program in addiction medicine. As part of its commitment to expand education and training in the region, Ballad Health will fund any un-reimbursed costs of the fellowship program which, over a 10-year period, could cost more than \$2.5 million. Once it seeks accreditation to the Accreditation Council for Graduate Medical Education, ETSU has a goal of accepting its first fellows by July 2020. <https://www.balladhealth.org/news/milligan-addiction-counseling-degree>

9. Donated EMS substation property to Greene County

Ballad Health donated the Greene County-Greeneville Emergency Medical Service substation building to Greene County. The donation involved a two-story brick substation that serves residents within the town of Greeneville’s limits. It also acts as a backup for the four Greene County-based substations in Mosheim, Tusculum, Baileyton and in the South Greene community. The substation, which functions as EMS headquarters for Greene County, features three ambulance bays, a kitchen, a lounge, bathrooms, storage areas and sleeping quarters for up to eight people. <https://www.balladhealth.org/news/ballad-health-donates-ems-substation-greene-county>

10. Recruitment of new physicians to rural Southwest Virginia

Ballad Health provided the necessary resources to recruit more than 140 new specialists to serve our region, many of whom were recruited to private practices not owned by Ballad Health. The addition of specialists is helping to improve access to care in rural communities. For instance, Wise County in Virginia now benefits from an orthopedist, a cardiologist and several other physicians and providers. Wythe County, in Virginia, a community not served by a Ballad Health hospital, benefits from a cardiologist recruited by Ballad Health. Throughout the region, new physicians and advanced practitioners, recruited and funded by Ballad Health, are serving the region – from trauma care to pediatrics, from Wythe County Virginia to Hancock County, Tennessee.

D. Improving healthcare quality

1. Quality metrics

Driven by the clinical leadership team and the contributions of physicians and team members across the system,

Ballad Health improved 12 out of 17 key quality measures pre-selected by the states when compared to the 2017 baseline.

Ballad Health's Board of Directors has adopted a zero-harm culture for the organization, and processes have commenced to institutionalize this objective.

This focused effort on quality improvement significantly benefitted patients. Specific examples include: zero infections for abdominal hysterectomy cases across the system; 47% reduction in pressure injury rate; 42% reduction in clostridium difficile infections; 39% reduction in iatrogenic pneumothorax rate; and 13% reduction in central line bloodstream infections. <https://www.balladhealth.org/news/reports-annual-results-high-ranking-hospitals-strong-financial>

2. National recognition for quality improvements

U.S. News & World Report named all four of Ballad Health's flagship hospitals—Johnson City Medical Center, Holston Valley Medical Center, Bristol Medical Center in Tennessee and Johnston Memorial Hospital in Virginia—as top-performing hospitals in Tennessee and Virginia in several specialties, with each hospital providing “top performing” services and programs in heart failure and COPD in both states. In each state, less than 30% of all hospitals had any top-performing programs.

Additionally, in the *U.S. News* rankings, Bristol Regional and Holston Valley moved up in overall rankings from No. 10 in Tennessee last year to No. 7 this year. And recently, *Forbes Magazine* named Johnson City Medical Center as one of the best employers in Tennessee among all employers.

<https://www.balladhealth.org/news/reports-annual-results-high-ranking-hospitals-strong-financial>

3. Ongoing quality improvement programs receive praise from national experts

Ballad Health has instituted a comprehensive quality improvement program systemwide based on the FOCUS PDCA model—a model designed to empower team members to identify opportunities for improvement and measurably implement those opportunities. These efforts are organic and driven by staff at all levels. The Ballad Health approach to quality improvement was recently praised by national experts who facilitate and assess organizational commitment to quality.

For instance, in the past year, a total of 130 quality improvement projects across the system qualified at various levels of improvement for recognition, with 42 national judges evaluating the projects and awarding recognition for the results.

Examples of improvement projects include: A 91.6% reduction in restraint use and 18 months of zero restraints for adolescents at the Willow Unit at Woodridge Hospital; a 95% reduction in the amount of oral contrast used for outpatients and inpatients prior to receiving a CT scan at Indian Path Community Hospital, which produced \$139,000 in annual cost savings; and a 50% reduction in hospital-acquired Clostridium difficile (C.diff) across all 21 hospitals within three months, which represented \$2.3 million in cost savings.

4. Appointed nine physicians to leadership roles

Nine physicians with more than 100 years of combined experience caring for patients in the Appalachian Highlands region were appointed to key leadership roles within the organization. These appointments were made to ensure the system's continuing emphasis on excellence in clinical care through physician engagement and leadership.

5. Norton Community Hospital inpatient rehabilitation program ranked among nation's top 10%

For the 13th straight year, the Norton Community Hospital's inpatient rehabilitation program ranked among the top 10% in the nation for functional patient outcomes in 2018.

The ranking was among 868 inpatient rehabilitation facilities nationwide that qualified to be ranked in the IRF database of Uniform Data System for Medical Rehabilitation (UDSMR). For this ranking, the UDSMR creates a

report card that recognizes high-performing facilities for their delivery of quality patient care that is effective, efficient, timely and patient-centered. <https://www.balladhealth.org/news/norton-top-10-percent-inpatient-rehab>

6. Participation in the Medicaid Transformation Project

Ballad Health and a group of the nation's leading health systems joined forces to identify ways to better care for some of the nation's most vulnerable populations through the Medicaid Transformation Project. The project is a national effort to transform healthcare and address social determinants of health for the nearly 75 million Americans who rely on Medicaid.

The work focused on four keys areas of opportunity: Behavioral health, child and maternal health, substance use disorder and avoidable emergency department visits. <https://www.balladhealth.org/news/17-health-system-project-vulnerable-populations>

7. Participation in The High-Value Care Collaborative

Ballad Health was chosen for a national initiative called The High-Value Care Collaborative, a partnership of the American Hospital Association, the American Board of Internal Medicine Foundation's Choosing Wisely campaign, and the Costs of Care organization, that brings together participants to improve efficiency in healthcare, decrease cost and improve quality.

During the past year, Ballad Health and other participants in the program adopted strategies to reduce unnecessary cost and deliver evidence-based care that has been demonstrated to reduce the burden on patients.

Ballad Health was selected for the collaborative following successful implementation of several initiatives, including a successful effort to reduce certain hospital-acquired conditions by as much as 41 percent.

<https://www.balladhealth.org/news/ballad-health-national-initiative-enhance-care-value>

E. Financial investments/financial improvements

1. Major investment in nursing wages

According to the United States government, there is a projected national shortfall of 800,000 nurses by 2020. In Tennessee, the U.S. Health Resources and Services Administration projects the state will only be able to meet half of the demand for registered nurses by next year.

To help alleviate this issue, Ballad Health announced in May a more than \$100 million investment over 10 years to be used for enhancing wages for direct patient care nursing and supporting staff for the following positions: acute care RNs, LPNs and nursing assistants in select roles whose primary responsibility is providing direct inpatient care; scrub techs, long-term care LPNs and CNAs, clinical LPNs and certified medical assistants and behavioral health techs. <https://www.balladhealth.org/news/pay-increases-frontline-nursing-team>

2. Reinvestment of capital throughout the region

While Ballad Health has focused on improved financial performance, it has also continued to invest nearly \$200 million in capital for new equipment, diagnostic technology, building improvements, information technology infrastructure and a common electronic health record.

Just a few examples of capital spending in the year included: electrophysiology lab upgrades, echocardiography devices and cardiac ultrasound replacements; five new digital mammography systems; hospital beds, patient monitors, ventilators and IV pumps; hybrid cardiovascular surgical suite; internal facility renovations; neuro-spine imaging and navigational diagnostic systems; new equipment for the opening of a new hospital; new operating room tables and bariatric surgery equipment replacement MRI, CT and PET scanners; resealing and

external upgrades to physical plant; three-dimensional cardiac ultrasound; two new cardiac catheterization labs; and ultrasound and radiology upgrades. <https://www.balladhealth.org/news/reports-annual-results-high-ranking-hospitals-strong-financial>

3. Move to implement comprehensive regional trauma and emergency system

To reduce the number of duplicative services and better align the health system's resources, Ballad Health made progress towards implementing a comprehensive regional trauma and emergency system to better meet the needs of the Appalachian Highlands region.

As part of creating a fully integrated and highly coordinated trauma and emergency system, Ballad Health successfully moved to realign the status of Holston Valley Medical Center's trauma center from a Level I to a Level III and expects to realign Bristol Regional Medical Center's trauma center from a Level II to a Level III within the coming year.

This move closely follows evidence-based best practices, which indicate the highest-acuity services are best provided in a higher-volume setting where staff and physician coverage is consistent, and quality is improved. <https://www.balladhealth.org/news/create-regional-comprehensive-trauma-system>

4. Enhanced pediatric trauma and pediatric emergency rooms

Ballad Health is seeking to improve pediatric care by investing in additional pediatric specialties which will support the pediatric trauma program at Niswonger Children's Hospital, and plans have been announced to add new pediatric emergency rooms in Kingsport and Bristol. Already, the board has acted to fund both pediatric emergency departments. These plans have been so exciting that Ballad Health received a \$1.2 million pledge from a family which has long supported children's services in the region. The pediatric emergency room at Bristol Regional Medical Center will be named the J.D. Nicewonder Family Pediatric Emergency Department, which will be affiliated with the Niswonger Children's Hospital.

This comprehensive proposal involves realigning the Level III neonatal intensive care unit (NICU) at Holston Valley Medical Center and focusing those services at Niswonger Children's Hospital, the region's state-designated perinatal center. These pediatric enhancements also involve investing in new pediatric subspecialties and connecting all of Ballad Health's hospitals to Niswonger through telemedicine.

<https://www.balladhealth.org/news/create-regional-comprehensive-trauma-system>

5. Implement sustainability plans for Greeneville Community Hospital

To ensure Greeneville Community Hospital remains sustainable, hospital leaders announced their plan to serve the Greene County community through one hospital with two separate campuses, Greeneville Community Hospital East and Greeneville Community Hospital West.

After conferring with community boards at both hospitals, Ballad Health began focusing services at the West campus on advanced outpatient care, while the East campus focused on providing acute inpatient services. Hospital leaders also announced their plan to integrate all emergency services into the East campus, beginning Sept. 1, 2019.

This consolidation of acute care, surgical and other services from the West campus to the East campus made it possible for Ballad Health to pursue the addition of new services at the West campus for women who are pregnant and in need of certain mental health services, addiction treatment and other supports.

6. Supported community initiatives and organizations

During the year, Ballad Health supported more than 300 organizations in the Appalachian Highlands of Northeast Tennessee and Southwest Virginia. That support totaled more than \$5 million in the form of sponsorships, non-cash contributions, community education and direct community benefit.

7. Charity care contributions

For FY 2019, Ballad Health provided more than \$37 million in charity care and more than \$12 million in subsidized health services for patients. Following the merger, Ballad Health increased the threshold for patients to qualify for charity care from 200% of the federal poverty level to 225% of the federal poverty level and provides significant discounts for people up to 450% of the federal poverty level.

8. Accountable care organization generates savings for sixth year in a row

Ballad Health's accountable care organization, AnewCare Collaborative, is one of only 18 in the country to generate savings for federal taxpayers for the entire six years of the program.

As the region's first accountable care organization, it has generated more than \$54 million in total savings since its creation in 2012. For the 2018 performance year, AnewCare generated \$7.2 million in savings. The ACO's savings rate was 7.1% better than Medicare's benchmark. Since the merger, AnewCare has achieved a 94.4% quality score, a substantial increase from the previous year and among the highest in the history of the collaborative. <https://www.balladhealth.org/news/accountable-care-among-best>

9. Donation of cardiac monitors to Sullivan County EMS

Ballad Health donated 30 advanced cardiac monitors to Sullivan County Emergency Medical Services to enhance Ballad Health's regional trauma network by enabling EMS to transmit patients' vital signs to hospital emergency departments and cardiac catheterization labs while still en route. The new monitors also allow emergency providers to monitor oxygen and pulmonary issues in addition to the EKG, which can improve treatment for patients with emphysema, chronic obstructive pulmonary disease (COPD) and asthma. The donation saved Sullivan County approximately \$1.2 million, as the department's current 12-lead EKG monitors are 11 years.

10. Partnership with Premier Inc. on enterprise-wide performance improvement

With the goal of transforming health across the region, all Ballad Health facilities are leveraging Premier's group purchasing organization, as well as a variety of cost, quality, reporting and workforce analytics, solutions and services. Ballad Health also joined Premier's highly-committed purchasing program, called SURPASS, to drive compliance and scale for the purchasing of clinically efficacious products.



ATTACHMENT 4

ANTHEM Q-HIP RESULTS

Ballad Health requests the information in this Attachment to be treated as confidential and proprietary. For that reason, this Attachment is being submitted separately.



ATTACHMENT 5

ANNUAL QUALITY REPORT TO VA DEPARTMENT OF HEALTH

MS-DRG (ICD-10)	MSDRG Description - Ballad Health	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	4.18	10.91%	13.25%	\$4,388.27
795	NORMAL NEWBORN	1.69	0.00%	0.00%	\$10,302.62
470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	1.85	0.06%	3.33%	\$6,272.35
807	VAG DELIV W/O STERILIZATION/D&C W/O CC/M	1.80	0.00%	0.67%	\$10,432.74
872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.93	0.61%	9.00%	\$4,969.36
291	HEART FAILURE & SHOCK W MCC	3.82	3.85%	21.76%	\$5,142.27
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.16	0.00%	0.00%	\$2,162.23
190	CHRONIC OBSTRUCTIVE PULMNRV DISEASE WMCC	3.07	1.03%	15.81%	\$5,278.37
189	PULMONARY EDEMA & RESPIRATORY FAILURE	3.15	7.19%	17.89%	\$5,429.61
193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.61	2.44%	15.00%	\$5,148.32
603	CELLULITIS W/O MCC	2.79	0.00%	6.36%	\$5,672.26
392	ESOPHAGITIS, GI&MSC DIGST DISORDR W/OMCC	2.32	0.15%	10.70%	\$5,673.52
690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.52	0.00%	12.52%	\$5,871.55
683	RENAL FAILURE W CC	2.77	0.97%	12.40%	\$4,621.97
247	PERC CRDVSC PX W DRUG-ELUT STENT W/O MCC	1.92	0.63%	6.21%	\$6,206.90
378	G.I. HEMORRHAGE W CC	2.67	0.94%	13.44%	\$6,512.35
638	DIABETES W CC	2.71	0.22%	12.95%	\$6,008.55
775	VAGINAL DELIVERY W/O COMPLICATING DX	1.78	0.00%	0.22%	\$11,798.17
194	SIMPLE PNEUMONIA & PLEURISY W CC	2.62	0.57%	12.47%	\$5,754.36
309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.23	0.25%	12.84%	\$5,818.50
682	RENAL FAILURE W MCC	4.22	6.95%	15.08%	\$4,689.21
65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	3.01	2.25%	9.73%	\$5,784.25
788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.45	0.00%	1.28%	\$7,551.96
280	ACUTE MI DISCHARGED ALIVE W MCC	3.96	0.00%	17.48%	\$4,999.68
641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.27	0.29%	9.69%	\$5,888.30
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.58	1.99%	12.97%	\$5,247.10
310	CARD ARRHYTH&CONDUCT DISORDERS W/OCC/MCC	1.71	0.15%	7.23%	\$5,464.16
853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	7.94	14.66%	17.86%	\$4,154.84
481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.24	0.34%	7.30%	\$6,321.72
281	ACUTE MI DISCHARGED ALIVE W CC	2.29	0.00%	13.26%	\$4,578.10
64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	4.19	23.15%	12.83%	\$4,910.36
698	OTHER KIDNEY & URINARY TRACT DX W MCC	4.63	4.09%	19.69%	\$5,165.69
287	CIRC DISORDRS EXC AMI, W CRD CATH W/OMCC	1.90	0.00%	7.01%	\$5,053.47
793	FULL TERM NEONATE W MAJOR PROBLEMS	4.17	0.00%	0.00%	\$1,775.56
208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	4.45	28.78%	13.91%	\$5,374.01
177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	5.29	6.76%	19.83%	\$5,352.65
191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.52	0.21%	17.17%	\$5,492.73
308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.63	5.21%	13.23%	\$6,153.42
377	G.I. HEMORRHAGE W MCC	4.21	4.19%	19.26%	\$5,276.37
552	MEDICAL BACK PROBLEMS W/O MCC	2.78	0.44%	4.84%	\$6,677.60
292	HEART FAILURE & SHOCK W CC	2.80	2.22%	18.75%	\$5,316.07
806	VAG DELIV W/O STERILIZATION/D&C W CC	1.99	0.00%	0.84%	\$9,650.73
439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.89	0.24%	12.96%	\$4,922.41
854	INFECTIOUS & PARASITIC DIS W OR PX W CC	4.40	0.25%	9.00%	\$4,802.76
483	MJR JNT & LMB REATTCHMNT PX UP EXT	1.30	0.00%	3.93%	\$6,070.84
389	G.I. OBSTRUCTION W CC	2.96	0.51%	10.16%	\$5,319.81

TOP 10 HOSPITAL DIAGNOSES

MS-DRG (ICD-10)	MSDRG Description - Ballad Health	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
246	PRC CRDVSCPX W DRGELT ST WMCC OR 4+VS/ST	3.73	4.37%	12.74%	\$6,170.61
312	SYNCOPE & COLLAPSE	2.03	0.79%	7.24%	\$5,052.29
330	MAJOR SMALL & LARGE BOWEL PX W CC	5.62	0.52%	14.02%	\$6,485.11
101	SEIZURES W/O MCC	2.08	0.54%	9.14%	\$5,073.40
640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.34	4.66%	19.94%	\$5,822.39
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	2.58	0.00%	5.42%	\$5,146.63
305	HYPERTENSION W/O MCC	1.92	0.00%	7.41%	\$5,108.69
812	RED BLOOD CELL DISORDERS W/O MCC	2.12	0.61%	11.43%	\$5,265.21
202	BRONCHITIS & ASTHMA W CC/MCC	2.22	0.00%	7.17%	\$4,799.12
313	CHEST PAIN	1.48	0.32%	6.38%	\$4,143.54
637	DIABETES W MCC	3.74	1.00%	22.22%	\$5,632.39
175	PULMONARY EMBOLISM W MCC	3.73	2.73%	8.90%	\$4,899.30
766	CESAREAN SECTION W/O CC/MCC	2.39	0.00%	1.00%	\$8,884.85
176	PULMONARY EMBOLISM W/O MCC	2.28	0.68%	6.90%	\$4,727.32
948	SIGNS & SYMPTOMS W/O MCC	2.38	2.85%	8.02%	\$5,393.15
884	ORGANIC DISTURBANCES&MENTAL RETARDATION	6.00	1.16%	9.68%	\$5,217.11
787	CESAREAN SECT W/O STERILIZATION W CC	2.76	0.00%	1.06%	\$6,859.92
789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.66	100.00%	N/A	\$4,277.79
69	TRANSIENT ISCHEMIA	1.90	0.36%	6.67%	\$5,907.63
699	OTHER KIDNEY & URINARY TRACT DX W CC	2.97	0.37%	21.13%	\$4,921.17
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	4.35	5.65%	17.47%	\$4,859.87
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.72	0.76%	13.04%	\$6,445.37
418	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	3.20	0.00%	6.79%	\$5,933.24
442	DSRDRS LIVER EXC MALG, CIRRH, ALC HEPA W CC	2.72	1.53%	14.11%	\$5,592.31
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	5.02	0.00%	6.37%	\$6,048.02
329	MAJOR SMALL & LARGE BOWEL PX W MCC	9.32	8.63%	22.94%	\$4,967.81
39	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.09	0.00%	3.80%	\$7,472.72
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.94	0.00%	6.20%	\$5,385.73
331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	3.13	0.00%	7.55%	\$7,016.38
440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.28	0.00%	9.43%	\$4,891.56
66	INTRCRANIAL HEM/CEREBRL INFARCT W/OCC/MCC	1.86	2.35%	5.71%	\$4,908.51
765	CESAREAN SECTION W CC/MCC	2.82	0.00%	1.15%	\$6,311.05
372	MJR GI DISORDRS & PERITONEAL INFECT WCC	3.36	0.40%	10.93%	\$5,698.07
391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	3.38	3.28%	16.96%	\$4,812.98
57	DEGENERATIV NRVIOUS SYSTEM DISORDRS W/OMCC	5.63	3.70%	11.90%	\$9,865.47
639	DIABETES W/O CC/MCC	1.73	0.40%	9.69%	\$5,979.05
880	ACUTE ADJSTMNT RXN & PSYCHOSOCIAL DYSFNCTN	3.92	0.43%	0.00%	\$6,270.28
282	ACUTE MI DISCHARGED ALIVE W/O CC/MCC	1.56	0.00%	6.64%	\$5,188.06
419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	2.12	0.00%	2.07%	\$6,072.74
390	G.I. OBSTRUCTION W/O CC/MCC	2.04	0.00%	7.36%	\$4,545.41
870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	11.26	38.25%	12.88%	\$4,516.57
493	LWR EXT & HUMER PX EXC HIP, FOOT, FEMUR W CC	3.62	0.00%	8.33%	\$6,194.15
441	DSRDRS LIVER EXC MALG, CIRRH, ALC HEPA WMCC	3.98	14.01%	21.59%	\$4,217.66
71	NONSPECIFC CEREBROVASCULAR DISORDERS WCC	3.27	0.49%	6.12%	\$5,336.54
300	PERIPHERAL VASCULAR DISORDERS W CC	2.88	0.50%	14.04%	\$5,907.41
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	3.25	0.00%	10.48%	\$5,217.92

MS-DRG (ICD-10)	MSDRG Description - Ballad Health	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
203	BRONCHITIS & ASTHMA W/O CC/MCC	1.68	0.00%	1.90%	\$5,827.07
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	4.32	17.24%	22.70%	\$4,609.30
563	FX, SPN, STN & DSL EX FMR, HP, PLVS & TGH W/OMCC	2.57	0.00%	8.16%	\$5,663.85
790	EXTREME IMMATURITY OR RDS, NEONATE	16.82	0.00%	0.00%	\$3,929.65
286	CIRC DISORDERS EXC AMI, W CARD CATH WMCC	4.54	2.19%	10.67%	\$4,573.19
178	RESPIRATORY INFECT & INFLAMMATIONS W CC	3.98	0.53%	11.29%	\$4,592.59
293	HEART FAILURE & SHOCK W/O CC/MCC	2.10	2.08%	12.02%	\$4,812.73
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	3.22	2.66%	22.73%	\$5,415.28
785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.21	0.00%	2.13%	\$7,470.32
269	AORTIC & HRT ASST PX EXC PULSN BLN W/O MCC	1.38	0.00%	7.98%	\$5,017.65
811	RED BLOOD CELL DISORDERS W MCC	3.00	5.00%	18.79%	\$4,217.11
981	EXT OR PX UNRELATED TO PRINCIPAL DX WMCC	7.76	10.50%	13.13%	\$4,453.48
480	HIP & FEMUR PX EXCEPT MAJOR JOINT W MCC	6.45	5.00%	18.24%	\$5,497.92
602	CELLULITIS W MCC	4.83	1.74%	12.73%	\$4,582.20
100	SEIZURES W MCC	3.53	5.20%	11.61%	\$4,875.77
192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.82	1.09%	3.98%	\$5,579.60
536	FRACTURES OF HIP & PELVIS W/O MCC	3.33	1.18%	10.56%	\$9,322.98
70	NONSPEC CEREBROVASCULAR DISORDERS WMCC	4.40	7.65%	16.11%	\$4,996.40
792	PREMATURITY W/O MAJOR PROBLEMS	4.64	0.00%	N/A	\$2,135.84
661	KIDNEY & URETER PX NONNEOPLASM W/OCC/MCC	1.80	0.00%	3.43%	\$5,591.78
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	2.53	0.00%	17.90%	\$4,071.36
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	6.74	11.52%	13.64%	\$4,817.51
494	LWR EXT & HMR PX EXC HIP, FT, FMR W/OCC/MCC	2.55	0.00%	5.45%	\$7,077.17
774	VAGINAL DELIVERY W COMPLICATING DX	1.84	0.59%	1.35%	\$8,440.53
469	MJR JNT RPLCMNT/RTTHMNT OF LWR EXT WMCC	5.29	3.64%	14.47%	\$5,695.87
660	KIDNEY & URETER PX FOR NON-NEOPLASM W CC	2.57	0.62%	12.50%	\$4,538.62
207	RESPIRATORY SYS DX W VENT SUPPORT >96HRS	11.73	38.13%	11.34%	\$5,507.69
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.31	0.00%	9.49%	\$5,774.53
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	7.77	0.00%	12.35%	\$5,731.08
791	PREMATURITY W MAJOR PROBLEMS	8.54	0.00%	0.00%	\$2,703.63
103	HEADACHES W/O MCC	2.10	0.00%	5.30%	\$4,275.08
684	RENAL FAILURE W/O CC/MCC	1.97	0.66%	7.43%	\$4,573.04
743	UTERINE & ADNEXA PX NONMALIGNANCY W/OCC/MCC	1.63	0.00%	2.58%	\$6,621.50
982	EXT OR PX UNRELATED TO PRINCIPAL DX W CC	4.00	0.66%	15.33%	\$3,826.25
417	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W MCC	4.34	2.01%	8.28%	\$5,563.87
153	OTITIS MEDIA & URI W/O MCC	1.92	0.00%	6.21%	\$4,869.80
253	OTHER VASCULAR PROCEDURES W CC	3.24	0.67%	16.33%	\$5,087.19
438	DISORDER OF PANCREAS EXC MALIGNANCY WMCC	4.86	6.90%	20.77%	\$4,231.62
274	PERCUTANEOUS INTRACARDIAC PX W/O MCC	1.79	0.00%	6.04%	\$6,163.98
482	HIP & FEMUR PX EXC MAJOR JOINT W/OCC/MCC	2.67	0.00%	2.74%	\$5,205.20
303	ATHEROSCLEROSIS W/O MCC	1.62	2.21%	6.25%	\$4,460.83
862	POSTOP & POST-TRAUMATIC INFECTIONS W MCC	4.44	2.27%	15.75%	\$4,575.73
388	G.I. OBSTRUCTION W MCC	4.45	5.93%	14.40%	\$4,326.79
863	POSTOP & POST-TRAUMATIC INFECTIONS W/OMCC	3.32	0.00%	11.36%	\$8,995.79
220	CRD VLV & OTH MJ CD/THR PX W/O CRD CTH WCC	5.16	2.22%	10.61%	\$5,210.73
445	DISORDERS OF THE BILIARY TRACT W CC	2.79	1.54%	9.68%	\$4,404.50

MS-DRG (ICD-10)	MSDRG Description - Ballad Health	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
92	OTHER DISORDERS OF NERVOUS SYSTEM W CC SIGNS & SYMP MSCLSKLTL SYS & CONN TIS	2.82	0.00%	6.45%	\$4,804.22
556	W/OMCC	4.90	0.00%	7.25%	\$11,809.44
252	OTHER VASCULAR PROCEDURES W MCC	3.91	4.62%	13.22%	\$5,656.04
3	ECMO/TRCHWMV >96HR/PDXEXFCE/MTH & NCKW/MJOR	21.10	9.48%	5.77%	\$4,298.47
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.40	0.00%	4.72%	\$5,406.67
580	OTHER SKIN, SUBCUT TISS & BREAST PX W CC	3.83	0.00%	4.10%	\$4,322.33
200	PNEUMOTHORAX W CC	2.98	0.00%	8.55%	\$6,244.69
379	G.I. HEMORRHAGE W/O CC/MCC	1.69	0.81%	6.90%	\$6,367.02

Psychiatric / Substance Abuse-Related DRGs

MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
885	PSYCHOSES	4.90	0.00%	N/A	\$6,774.96
881	DEPRESSIVE NEUROSES	4.14	0.00%	N/A	\$4,737.34
897	ALC/DRUG ABUSE OR DEPND W/O REHAB W/OMCC	3.51	0.00%	13.41%	\$5,446.07
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	3.46	3.48%	7.11%	\$4,343.34
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	2.12	0.30%	2.74%	\$4,940.09
882	NEUROSES EXCEPT DEPRESSIVE	4.28	0.00%	N/A	\$3,060.31

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Bristol Regional Medical Center	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	4.79	11.07%	16.67%	\$4,754.54
Bristol Regional Medical Center	795	NORMAL NEWBORN	1.53	0.00%	N/A	\$3,842.91
Bristol Regional Medical Center	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	1.65	0.00%	4.30%	\$4,567.09
Bristol Regional Medical Center	807	VAG DELIV W/O STERILIZATION/D & C W/O CC/M	1.78	0.00%	0.34%	\$10,744.03
Bristol Regional Medical Center	291	HEART FAILURE & SHOCK W MCC	3.95	3.74%	24.39%	\$4,318.53
Bristol Regional Medical Center	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.65	0.00%	14.20%	\$4,160.41
Bristol Regional Medical Center	189	PULMONARY EDEMA & RESPIRATORY FAILURE	3.43	3.37%	19.29%	\$4,686.15
Bristol Regional Medical Center	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	3.25	0.00%	12.50%	\$4,190.85
Bristol Regional Medical Center	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	1.72	0.00%	0.00%	\$689.54
Bristol Regional Medical Center	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.52	0.38%	12.31%	\$4,397.54
Bristol Regional Medical Center	378	G.I. HEMORRHAGE W CC	2.91	0.00%	14.78%	\$5,315.36
Bristol Regional Medical Center	193	SIMPLE PNEUMONIA & PLEURISY W MCC	4.01	1.76%	19.82%	\$4,356.77
Bristol Regional Medical Center	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.80	1.46%	17.00%	\$4,142.00
Bristol Regional Medical Center	683	RENAL FAILURE W CC	3.14	0.97%	13.07%	\$4,456.81
Bristol Regional Medical Center	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	2.94	2.03%	10.42%	\$5,021.60
Bristol Regional Medical Center	247	PERC CRDVSC PX W DRUG-ELUT STENT W/O MCC	2.07	0.00%	5.64%	\$5,989.53
Bristol Regional Medical Center	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.08	0.54%	21.23%	\$3,642.77
Bristol Regional Medical Center	603	CELLULITIS W/O MCC	3.19	0.00%	4.85%	\$4,250.23
Bristol Regional Medical Center	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	2.60	0.00%	5.19%	\$3,365.81
Bristol Regional Medical Center	638	DIABETES W CC	2.83	0.66%	17.93%	\$4,759.43
Bristol Regional Medical Center	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.34	0.00%	2.01%	\$8,170.26
Bristol Regional Medical Center	775	VAGINAL DELIVERY W/O COMPLICATING DX	1.67	0.00%	1.12%	\$10,410.22
Bristol Regional Medical Center	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.26	0.76%	9.68%	\$4,273.39
Bristol Regional Medical Center	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.38	0.00%	14.84%	\$4,524.79
Bristol Regional Medical Center	682	RENAL FAILURE W MCC	4.55	3.10%	19.67%	\$4,905.70

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Bristol Regional Medical Center	280	ACUTE MI DISCHARGED ALIVE W MCC	4.93	0.00%	17.27%	\$4,618.28
Bristol Regional Medical Center	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	4.05	4.39%	13.76%	\$5,004.25
Bristol Regional Medical Center	292	HEART FAILURE & SHOCK W CC	3.12	0.89%	21.62%	\$4,559.89
Bristol Regional Medical Center	64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	5.11	17.12%	8.70%	\$5,421.82
Bristol Regional Medical Center	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.85	0.90%	10.00%	\$4,960.98
Bristol Regional Medical Center	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	4.14	24.07%	17.11%	\$4,724.00
Bristol Regional Medical Center	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	8.57	13.59%	15.73%	\$4,162.11
Bristol Regional Medical Center	698	OTHER KIDNEY & URINARY TRACT DX W MCC	4.68	3.92%	19.59%	\$5,390.22
Bristol Regional Medical Center	287	CIRC DISORDRS EXC AMI, W CRD CATH W/OMCC	2.44	0.00%	14.13%	\$4,969.41
Bristol Regional Medical Center	281	ACUTE MI DISCHARGED ALIVE W CC	2.43	0.00%	15.79%	\$4,587.09
Bristol Regional Medical Center	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.72	4.40%	10.47%	\$5,036.35
Bristol Regional Medical Center	483	MJR JNT & LMB REATTCHMNT PX UP EXT	1.33	0.00%	4.17%	\$5,469.82
Bristol Regional Medical Center	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	3.33	0.00%	14.61%	\$5,484.57
Bristol Regional Medical Center	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	1.55	0.00%	10.75%	\$3,836.95
Bristol Regional Medical Center	236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	5.04	0.00%	4.35%	\$4,242.49
Bristol Regional Medical Center	377	G.I. HEMORRHAGE W MCC	4.63	1.14%	29.07%	\$5,120.34
Bristol Regional Medical Center	330	MAJOR SMALL & LARGE BOWEL PX W CC	5.65	1.25%	13.92%	\$5,266.34
Bristol Regional Medical Center	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.36	0.00%	22.08%	\$3,679.97
Bristol Regional Medical Center	312	SYNCOPE & COLLAPSE	2.10	0.00%	14.47%	\$4,477.09
Bristol Regional Medical Center	313	CHEST PAIN	1.59	1.39%	7.04%	\$3,964.88
Bristol Regional Medical Center	71	NONSPECIFC CEREBROVASCULAR DISORDERS WCC	3.51	0.00%	5.97%	\$5,545.62
Bristol Regional Medical Center	101	SEIZURES W/O MCC	1.83	0.00%	5.71%	\$4,077.78
Bristol Regional Medical Center	66	INTRCRNIAL HEM/CEREBRL INFARCT W/OCC/MCC	1.86	1.49%	6.15%	\$4,617.84
Bristol Regional Medical Center	661	KIDNEY & URETER PX NONNEOPLASM W/OCC/MCC	1.96	0.00%	1.47%	\$4,975.29
Bristol Regional Medical Center	812	RED BLOOD CELL DISORDERS W/O MCC	2.36	0.00%	9.09%	\$4,757.52
Bristol Regional Medical Center	305	HYPERTENSION W/O MCC	1.72	0.00%	8.06%	\$3,880.32
Bristol Regional Medical Center	948	SIGNS & SYMPTOMS W/O MCC	2.33	4.55%	5.00%	\$4,428.52

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Bristol Regional Medical Center	660	KIDNEY & URETER PX FOR NON-NEOPLASM W CC	2.70	1.59%	11.48%	\$4,471.11
Bristol Regional Medical Center	806	VAG DELIV W/O STERILIZATION/D & C W CC	1.91	0.00%	4.76%	\$10,194.30
Bristol Regional Medical Center	640	MISC DISORD NUTR, METABL, FLD/ELECTRL W MCC	3.44	0.00%	27.87%	\$4,558.06
Bristol Regional Medical Center	70	NONSPEC CEREBROVASCULAR DISORDERS WMCC	4.30	1.72%	20.37%	\$4,445.13
Bristol Regional Medical Center	176	PULMONARY EMBOLISM W/O MCC	2.13	0.00%	6.45%	\$4,315.15
Bristol Regional Medical Center	389	G.I. OBSTRUCTION W CC	3.58	0.00%	11.67%	\$5,243.43
Bristol Regional Medical Center	234	CORONARY BYPASS W CARDIAC CATH W/O MCC	7.81	0.00%	15.00%	\$4,477.79
Bristol Regional Medical Center	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	3.21	0.00%	8.62%	\$5,279.87
Bristol Regional Medical Center	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	4.77	0.00%	19.30%	\$4,707.13
Bristol Regional Medical Center	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.20	0.00%	8.93%	\$3,723.34
Bristol Regional Medical Center	766	CESAREAN SECTION W/O CC/MCC	2.20	0.00%	1.79%	\$8,480.34
Bristol Regional Medical Center	418	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	3.72	0.00%	13.21%	\$5,479.10
Bristol Regional Medical Center	981	EXT OR PX UNRELATED TO PRINCIPAL DX WMCC	8.08	9.80%	13.33%	\$4,870.25
Bristol Regional Medical Center	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	3.26	1.96%	14.89%	\$4,979.79
Bristol Regional Medical Center	811	RED BLOOD CELL DISORDERS W MCC	2.88	4.00%	25.53%	\$4,384.05
Bristol Regional Medical Center	390	G.I. OBSTRUCTION W/O CC/MCC	2.41	0.00%	10.20%	\$4,070.75
Bristol Regional Medical Center	442	DSRDERS LIVER EXC MALG, CIRRH, ALC HEP A W CC	3.03	0.00%	27.66%	\$4,577.20
Bristol Regional Medical Center	175	PULMONARY EMBOLISM W MCC	3.68	4.17%	8.89%	\$5,012.13
Bristol Regional Medical Center	246	PRC CRDVSCPX W DRGELT ST WMCC OR 4+VS/ST	4.00	4.17%	10.87%	\$5,435.52
Bristol Regional Medical Center	293	HEART FAILURE & SHOCK W/O CC/MCC	2.26	0.00%	20.41%	\$4,177.71
Bristol Regional Medical Center	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	2.34	0.00%	4.17%	\$5,294.67
Bristol Regional Medical Center	563	FX, SPN, STN & DSL EX FMR, HP, PLVS & TGH W/OMCC	2.80	0.00%	8.70%	\$4,605.33
Bristol Regional Medical Center	639	DIABETES W/O CC/MCC	1.95	0.00%	11.63%	\$4,129.97
Bristol Regional Medical Center	100	SEIZURES W MCC	4.37	0.00%	11.36%	\$6,067.41

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Bristol Regional Medical Center	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.33	N/A	N/A	\$684.20
Bristol Regional Medical Center	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	2.02	0.00%	2.22%	\$4,181.89
Bristol Regional Medical Center	286	CIRC DISORDERS EXC AMI, W CARD CATH WMCC	5.72	2.56%	5.26%	\$5,189.65
Bristol Regional Medical Center	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	3.06	2.33%	14.29%	\$5,283.23
Bristol Regional Medical Center	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	7.13	24.39%	22.58%	\$5,257.02
Bristol Regional Medical Center	699	OTHER KIDNEY & URINARY TRACT DX W CC	3.09	0.00%	20.93%	\$3,550.40
Bristol Regional Medical Center	765	CESAREAN SECTION W CC/MCC	2.27	0.00%	2.38%	\$6,549.86
Bristol Regional Medical Center	880	ACUTE ADJSTMNT RXN & PSYCHOSOCIAL DYSFNCTN	3.19	0.00%	0.00%	\$5,056.71
Bristol Regional Medical Center	202	BRONCHITIS & ASTHMA W CC/MCC	2.33	0.00%	7.50%	\$3,649.73
Bristol Regional Medical Center	329	MAJOR SMALL & LARGE BOWEL PX W MCC	11.20	15.38%	30.30%	\$4,623.42
Bristol Regional Medical Center	494	LWR EXT & HMR PX EXC HIP, FT, FMR W/OCC/MCC	2.28	0.00%	5.41%	\$5,564.17
Bristol Regional Medical Center	793	FULL TERM NEONATE W MAJOR PROBLEMS	2.15	0.00%	0.00%	\$354.70
Bristol Regional Medical Center	57	DEGENERATIV NRVOUS SYSTM DISORDRS W/OMCC	4.18	5.56%	20.83%	\$4,659.86
Bristol Regional Medical Center	379	G.I. HEMORRHAGE W/O CC/MCC	2.02	0.00%	2.78%	\$4,971.12
Bristol Regional Medical Center	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	3.43	0.00%	41.67%	\$5,313.00
Bristol Regional Medical Center	69	TRANSIENT ISCHEMIA	1.76	0.00%	5.88%	\$3,805.60
Bristol Regional Medical Center	25	CRANIOTOMY & ENDOVASC INTRACRANIAL PX WMCC	8.46	17.14%	25.00%	\$7,439.85
Bristol Regional Medical Center	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	4.42	12.90%	14.81%	\$4,166.25
Bristol Regional Medical Center	493	LWR EXT & HUMER PX EXC HIP, FOOT, FEMUR W CC	3.10	0.00%	8.57%	\$5,377.96
Bristol Regional Medical Center	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.06	0.00%	0.00%	\$7,400.19
Bristol Regional Medical Center	787	CESAREAN SECT W/O STERILIZATION W CC	2.67	0.00%	2.86%	\$7,346.97
Bristol Regional Medical Center	39	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.08	0.00%	8.82%	\$6,561.70
Bristol Regional Medical Center	54	NERVOUS SYSTEM NEOPLASMS W MCC	3.19	3.03%	0.00%	\$4,224.59
Bristol Regional Medical Center	83	TRAUMATIC STUPOR & COMA, COMA >1 HR WCC	3.34	0.00%	9.09%	\$5,207.76

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Bristol Regional Medical Center	282	ACUTE MI DISCHARGED ALIVE W/O CC/MCC	1.74	0.00%	5.88%	\$4,838.80
Bristol Regional Medical Center	637	DIABETES W MCC	4.22	2.94%	31.25%	\$6,023.21
Bristol Regional Medical Center	243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	3.76	0.00%	15.15%	\$5,050.31
Bristol Regional Medical Center	303	ATHEROSCLEROSIS W/O MCC	1.56	0.00%	0.00%	\$4,030.75
Bristol Regional Medical Center	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	4.34	3.03%	18.75%	\$4,671.55
Bristol Regional Medical Center	438	DISORDER OF PANCREAS EXC MALIGNANCY WMCC	5.58	12.12%	33.33%	\$6,161.03
Bristol Regional Medical Center	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.36	0.00%	3.57%	\$4,376.19
Bristol Regional Medical Center	684	RENAL FAILURE W/O CC/MCC	2.03	0.00%	0.00%	\$3,978.20
Bristol Regional Medical Center	743	UTERINE&ADNEXA PX NONMALIGNACY W/OCC/MCC	1.35	0.00%	0.00%	\$4,906.26
Bristol Regional Medical Center	207	RESPIRATORY SYS DX W VENT SUPPORT >96HRS	12.07	18.75%	15.38%	\$4,596.07
Bristol Regional Medical Center	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	5.59	0.00%	19.35%	\$4,674.32
Bristol Regional Medical Center	768	VAGINAL DELV W OR PX EXC STERIL & /OR D&C	2.19	0.00%	0.00%	\$7,419.09
Bristol Regional Medical Center	884	ORGANIC DISTURBANCES & MENTAL RETARDATION	5.49	3.23%	17.65%	\$4,554.18
Bristol Regional Medical Center	982	EXT OR PX UNRELATED TO PRINCIPAL DX W CC	3.27	0.00%	16.67%	\$3,920.02
Bristol Regional Medical Center	220	CRD VLV & OTH MJ CD/THR PX W/O CRD CTH WCC	6.70	3.33%	24.14%	\$5,157.22
Bristol Regional Medical Center	300	PERIPHERAL VASCULAR DISORDERS W CC	2.80	0.00%	13.79%	\$4,543.14
Bristol Regional Medical Center	480	HIP & FEMUR PX EXCEPT MAJOR JOINT W MCC	5.98	10.34%	30.77%	\$5,087.25
Bristol Regional Medical Center	482	HIP & FEMUR PX EXC MAJOR JOINT W/OCC/MCC	2.90	0.00%	3.57%	\$4,335.02
Bristol Regional Medical Center	186	PLEURAL EFFUSION W MCC	4.29	3.45%	17.86%	\$4,056.36
Bristol Regional Medical Center	200	PNEUMOTHORAX W CC	3.38	0.00%	10.34%	\$4,422.50
Bristol Regional Medical Center	269	AORTIC & HRT ASST PX EXC PULSN BLN W/O MCC	1.10	0.00%	13.79%	\$3,529.07
Bristol Regional Medical Center	472	CERVICAL SPINAL FUSION W CC	2.76	0.00%	10.34%	\$5,217.27
Bristol Regional Medical Center	605	SKIN, SUBCUT TISS & BREAST TRAUMA W/OMCC	2.38	0.00%	13.79%	\$5,230.88
Bristol Regional Medical Center	103	HEADACHES W/O MCC	1.80	0.00%	0.00%	\$3,473.42

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Bristol Regional Medical Center	520	BCK/NCK PX EXC SPIN FUS W/OCC/MCC	2.39	0.00%	0.00%	\$5,311.90
Bristol Regional Medical Center	536	FRACTURES OF HIP & PELVIS W/O MCC	3.24	0.00%	11.11%	\$5,688.89
Bristol Regional Medical Center	694	URINARY STONES W/O ESW LITHOTRIPY W/OMCC	2.05	0.00%	11.54%	\$5,735.10
Bristol Regional Medical Center	86	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	3.42	3.85%	8.00%	\$4,952.99
Bristol Regional Medical Center	315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	2.56	0.00%	11.54%	\$3,975.90
Bristol Regional Medical Center	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	4.44	7.41%	20.00%	\$4,951.89
Bristol Regional Medical Center	441	DSRDRS LIVER EXC MALG, CIRRH, ALC HEPA WMCC	4.98	15.38%	27.27%	\$4,068.24
Bristol Regional Medical Center	602	CELLULITIS W MCC	5.27	0.00%	0.00%	\$4,540.59
Bristol Regional Medical Center	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	10.23	26.92%	5.56%	\$3,965.60

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case		
Dickenson Community Hospital	884	ORGANIC DISTURBANCES & MENTAL RETARDATION	8.70	0.00%	N/A	\$ 4,352.37	TOP 80% HOSPITAL DIAGNOSES	TOP 10 HOSPITAL DIAGNOSES
Dickenson Community Hospital	57	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/OMCC	8.80	0.00%	N/A	\$ 14,905.86		
Dickenson Community Hospital	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WMCC	2.42	0.00%	0.00%	N/A*		
Dickenson Community Hospital	871	SEPTICEMIA/SEVERE SEPSIS W/OMV >96HRS WMCC	1.19	0.00%	0.00%	N/A*		
Dickenson Community Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.00	0.00%	0.00%	N/A*		
Dickenson Community Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	1.73	0.00%	0.00%	N/A*		
Dickenson Community Hospital	71	NONSPECIFIC CEREBROVASCULAR DISORDERS WCC	1.00	0.00%	0.00%	N/A*		
Dickenson Community Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.00	N/A	N/A	N/A*		
Dickenson Community Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	2.00	N/A	N/A	N/A*		
Dickenson Community Hospital	291	HEART FAILURE & SHOCK W MCC	1.00	N/A	N/A	N/A*		

*Not present in cost database

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Franklin Woods Community Hospital	795	NORMAL NEWBORN	1.80	0.00%	0.00%	\$9,056.82
Franklin Woods Community Hospital	807	VAG DELIV W/O STERILIZATION/D & C W/O CC/M	1.88	0.00%	0.00%	\$5,429.39
Franklin Woods Community Hospital	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.00	0.00%	0.00%	\$1,388.26
Franklin Woods Community Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	4.13	4.38%	5.08%	\$4,748.27
Franklin Woods Community Hospital	775	VAGINAL DELIVERY W/O COMPLICATING DX	1.84	0.00%	0.00%	N/A
Franklin Woods Community Hospital	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.60	0.00%	0.57%	\$4,988.68
Franklin Woods Community Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV > 96HRSW/OMCC	2.97	0.63%	1.92%	\$4,842.42
Franklin Woods Community Hospital	603	CELLULITIS W/O MCC	2.75	0.00%	5.76%	\$5,545.92
Franklin Woods Community Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.45	0.68%	9.15%	\$5,295.56
Franklin Woods Community Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.14	0.00%	7.63%	\$4,891.24
Franklin Woods Community Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.41	0.00%	4.62%	\$5,256.67
Franklin Woods Community Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.58	2.59%	8.85%	\$4,832.57
Franklin Woods Community Hospital	806	VAG DELIV W/O STERILIZATION/D & C W CC	2.13	0.00%	0.00%	\$5,425.19
Franklin Woods Community Hospital	638	DIABETES W CC	3.09	0.00%	11.43%	\$7,604.61
Franklin Woods Community Hospital	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	2.55	0.00%	11.27%	\$6,869.42
Franklin Woods Community Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.65	0.00%	3.70%	\$5,259.76
Franklin Woods Community Hospital	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.05	N/A	N/A	\$905.99
Franklin Woods Community Hospital	660	KIDNEY & URETER PX FOR NON-NEOPLASM W CC	2.27	0.00%	10.91%	\$4,549.71
Franklin Woods Community Hospital	661	KIDNEY & URETER PX NONNEOPLASM W/OCC/MCC	1.69	0.00%	3.70%	\$5,027.50
Franklin Woods Community Hospital	766	CESAREAN SECTION W/O CC/MCC	2.70	0.00%	0.00%	N/A
Franklin Woods Community Hospital	787	CESAREAN SECT W/O STERILIZATION W CC	2.76	0.00%	0.00%	\$4,420.16
Franklin Woods Community Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	3.59	2.22%	2.27%	\$3,593.39
Franklin Woods Community Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	5.06	2.33%	4.76%	\$5,968.93
Franklin Woods Community Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	6.25	4.65%	14.63%	\$6,653.59
Franklin Woods Community Hospital	291	HEART FAILURE & SHOCK W MCC	4.56	0.00%	18.18%	\$6,917.94
Franklin Woods Community Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.67	2.50%	5.13%	\$5,502.47
Franklin Woods Community Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.35	0.00%	12.82%	\$5,286.91
Franklin Woods Community Hospital	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.39	0.00%	2.44%	\$7,007.53
Franklin Woods Community Hospital	389	G.I. OBSTRUCTION W CC	3.10	0.00%	5.26%	\$5,410.61
Franklin Woods Community Hospital	683	RENAL FAILURE W CC	2.23	0.00%	11.76%	\$4,700.98

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Franklin Woods Community Hospital	378	G.I. HEMORRHAGE W CC	2.03	0.00%	8.82%	\$4,603.24
Franklin Woods Community Hospital	774	VAGINAL DELIVERY W COMPLICATING DX	1.86	0.00%	0.00%	#N/A
Franklin Woods Community Hospital	765	CESAREAN SECTION W CC/MCC	3.02	0.00%	0.00%	#N/A
Franklin Woods Community Hospital	153	OTITIS MEDIA & URI W/O MCC	1.75	0.00%	9.38%	\$4,246.81
Franklin Woods Community Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	3.33	0.00%	2.94%	\$7,352.35
Franklin Woods Community Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	4.32	2.86%	11.76%	\$5,086.97
Franklin Woods Community Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.20	0.00%	0.00%	\$5,261.46
Franklin Woods Community Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	6.29	10.34%	11.54%	\$3,567.76
Franklin Woods Community Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.85	0.00%	13.33%	\$4,616.94
Franklin Woods Community Hospital	793	FULL TERM NEONATE W MAJOR PROBLEMS	2.58	0.00%	N/A	\$633.12
Franklin Woods Community Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.73	0.00%	12.90%	\$5,321.44
Franklin Woods Community Hospital	658	KIDNEY & URETER PX FOR NEOPLASM W/OCC/MCC	2.15	0.00%	3.23%	\$7,131.06
Franklin Woods Community Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.27	0.00%	11.11%	\$5,036.59
Franklin Woods Community Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.76	0.00%	3.57%	\$4,529.83
Franklin Woods Community Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	2.93	0.00%	10.71%	\$4,816.06
Franklin Woods Community Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.69	14.81%	0.00%	\$5,271.89
Franklin Woods Community Hospital	312	SYNCOPE & COLLAPSE	1.98	0.00%	0.00%	\$5,032.34
Franklin Woods Community Hospital	390	G.I. OBSTRUCTION W/O CC/MCC	2.03	0.00%	22.22%	\$4,801.00
Franklin Woods Community Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.21	0.00%	13.64%	\$5,780.82
Franklin Woods Community Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	1.67	0.00%	12.00%	\$3,920.49
Franklin Woods Community Hospital	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.62	0.00%	12.50%	\$5,218.87
Franklin Woods Community Hospital	659	KIDNEY&URETER PX FOR NON-NEOPLASM W MCC	3.31	0.00%	17.39%	\$2,901.28
Franklin Woods Community Hospital	694	URINARY STONES W/O ESW LITHOTRIPIY W/OMCC	1.36	0.00%	4.35%	\$6,227.84
Franklin Woods Community Hospital	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.29	0.00%	0.00%	\$4,575.12
Franklin Woods Community Hospital	602	CELLULITIS W MCC	4.64	5.00%	10.53%	\$5,351.99
Franklin Woods Community Hospital	175	PULMONARY EMBOLISM W MCC	3.88	10.53%	5.88%	\$4,826.63
Franklin Woods Community Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.98	0.00%	9.09%	\$3,375.29
Franklin Woods Community Hospital	329	MAJOR SMALL & LARGE BOWEL PX W MCC	7.89	5.26%	16.67%	\$4,579.04
Franklin Woods Community Hospital	176	PULMONARY EMBOLISM W/O MCC	1.91	0.00%	0.00%	\$4,169.97

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Franklin Woods Community Hospital	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	1.49	0.00%	5.56%	\$4,892.41
Franklin Woods Community Hospital	418	LAPRSCOPIC CHOLECYSTECTOMY W/O CDE W CC	2.87	0.00%	0.00%	\$5,276.02
Franklin Woods Community Hospital	657	KIDNEY & URETER PX FOR NEOPLASM W CC	2.98	0.00%	0.00%	\$6,085.65
Franklin Woods Community Hospital	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	2.43	5.56%	0.00%	\$4,716.10
Franklin Woods Community Hospital	305	HYPERTENSION W/O MCC	1.90	0.00%	12.50%	\$5,648.62
Franklin Woods Community Hospital	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	2.23	0.00%	0.00%	\$5,328.94
Franklin Woods Community Hospital	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	3.87	6.67%	14.29%	\$6,566.46
Franklin Woods Community Hospital	669	TRANSURETHRAL PROCEDURES W CC	2.65	0.00%	12.50%	\$4,566.30
Franklin Woods Community Hospital	682	RENAL FAILURE W MCC	3.13	7.69%	8.33%	\$3,987.14
Franklin Woods Community Hospital	862	POSTOP & POST-TRAUMATIC INFECTIONS W MCC	4.35	0.00%	0.00%	\$5,114.18

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Greeneville Community Hospital East	795	NORMAL NEWBORN	1.51	0.00%	N/A	\$7,201.37
Greeneville Community Hospital East	807	VAG DELIV W/O STERILIZATION/D&C W/O CC/M	1.35	0.00%	0.00%	\$7,467.77
Greeneville Community Hospital East	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96 HRS WMCC	4.24	9.68%	10.71%	\$5,227.95
Greeneville Community Hospital East	291	HEART FAILURE & SHOCK W MCC	3.60	0.00%	6.45%	\$4,095.82
Greeneville Community Hospital East	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	2.06	0.00%	3.45%	\$6,076.60
Greeneville Community Hospital East	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	1.90	0.00%	N/A	\$1,293.89
Greeneville Community Hospital East	189	PULMONARY EDEMA & RESPIRATORY FAILURE	3.42	0.00%	17.65%	\$5,001.70
Greeneville Community Hospital East	603	CELLULITIS W/O MCC	3.11	0.00%	0.00%	\$5,039.26
Greeneville Community Hospital East	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	1.94	0.00%	6.25%	\$4,530.74
Greeneville Community Hospital East	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.07	0.00%	0.00%	\$5,611.10
Greeneville Community Hospital East	330	MAJOR SMALL & LARGE BOWEL PX W CC	6.56	0.00%	6.67%	\$5,527.50
Greeneville Community Hospital East	872	SEPTICEMIA/SEVR SEPSS W/OMV >96 HRS W/OMCC	3.46	0.00%	0.00%	\$6,069.35
Greeneville Community Hospital East	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.17	0.00%	21.43%	\$4,683.19
Greeneville Community Hospital East	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.26	0.00%	0.00%	\$4,695.98
Greeneville Community Hospital East	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.70	0.00%	28.57%	\$5,227.72
Greeneville Community Hospital East	378	G.I. HEMORRHAGE W CC	2.01	0.00%	0.00%	\$5,564.09
Greeneville Community Hospital East	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.41	0.00%	21.43%	\$5,278.78
Greeneville Community Hospital East	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.71	0.00%	8.33%	\$6,737.70
Greeneville Community Hospital East	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	1.90	0.00%	18.18%	\$4,427.69
Greeneville Community Hospital East	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.38	0.00%	27.27%	\$4,756.11
Greeneville Community Hospital East	638	DIABETES W CC	1.98	0.00%	40.00%	\$4,355.85
Greeneville Community Hospital East	683	RENAL FAILURE W CC	1.76	0.00%	0.00%	\$4,137.03
Greeneville Community Hospital East	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.19	0.00%	37.50%	\$5,257.82
Greeneville Community Hospital East	682	RENAL FAILURE W MCC	4.82	11.11%	25.00%	\$4,705.46
Greeneville Community Hospital East	292	HEART FAILURE & SHOCK W CC	3.02	0.00%	25.00%	\$5,477.05
Greeneville Community Hospital East	293	HEART FAILURE & SHOCK W/O CC/MCC	1.49	0.00%	0.00%	\$5,869.65
Greeneville Community Hospital East	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	3.31	0.00%	57.14%	\$4,294.36
Greeneville Community Hospital East	812	RED BLOOD CELL DISORDERS W/O MCC	1.30	0.00%	25.00%	\$4,915.24
Greeneville Community Hospital East	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	3.17	0.00%	0.00%	\$3,457.25
Greeneville Community Hospital East	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	2.48	0.00%	0.00%	\$5,792.33

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Greeneville Community Hospital East	71	NONSPECIFIC CEREBROVASCULAR DISORDERS WCC	2.29	0.00%	0.00%	\$3,778.51
Greeneville Community Hospital East	91	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	3.30	0.00%	0.00%	\$6,206.32
Greeneville Community Hospital East	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	5.83	33.33%	0.00%	\$6,280.56
Greeneville Community Hospital East	253	OTHER VASCULAR PROCEDURES W CC	6.46	0.00%	0.00%	\$6,611.00
Greeneville Community Hospital East	280	ACUTE MI DISCHARGED ALIVE W MCC	4.16	0.00%	0.00%	\$4,254.61
Greeneville Community Hospital East	281	ACUTE MI DISCHARGED ALIVE W CC	1.82	0.00%	50.00%	\$6,119.80
Greeneville Community Hospital East	287	CIRC DISORDRS EXC AMI, W CRD CATH W/OMCC	2.00	0.00%	0.00%	\$5,213.53
Greeneville Community Hospital East	310	CARD ARRHYTH&CONDUCT DISORDERS W/OCC/MCC	2.29	0.00%	0.00%	\$5,514.66
Greeneville Community Hospital East	312	SYNCOPE & COLLAPSE	1.82	0.00%	33.33%	\$4,619.92
Greeneville Community Hospital East	327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	2.29	0.00%	33.33%	\$3,903.16
Greeneville Community Hospital East	381	COMPLICATED PEPTIC ULCER W CC	2.41	0.00%	66.67%	\$4,143.90
Greeneville Community Hospital East	388	G.I. OBSTRUCTION W MCC	4.31	0.00%	0.00%	\$4,180.26
Greeneville Community Hospital East	389	G.I. OBSTRUCTION W CC	6.00	0.00%	50.00%	\$7,331.65
Greeneville Community Hospital East	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.15	0.00%	0.00%	\$5,133.45
Greeneville Community Hospital East	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	2.00	0.00%	0.00%	\$7,176.89
Greeneville Community Hospital East	536	FRACTURES OF HIP & PELVIS W/O MCC	1.59	0.00%	33.33%	\$4,978.37
Greeneville Community Hospital East	556	SIGNS & SYMP MSCLSKLTL SYS & CONN TIS W/OMCC	2.29	0.00%	0.00%	\$7,300.88
Greeneville Community Hospital East	565	OTH MUSCULOSKELETL SYS & CONN TISS DX W CC	3.30	0.00%	0.00%	\$4,974.02
Greeneville Community Hospital East	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.26	0.00%	0.00%	\$5,666.94
Greeneville Community Hospital East	637	DIABETES W MCC	2.00	0.00%	0.00%	\$3,545.41
Greeneville Community Hospital East	698	OTHER KIDNEY & URINARY TRACT DX W MCC	7.21	0.00%	0.00%	\$8,089.98
Greeneville Community Hospital East	743	UTERINE & ADNEXA PX NONMALIGNACY W/OCC/MCC	1.26	0.00%	0.00%	\$7,118.33
Greeneville Community Hospital East	805	VAG DELIV W/O STERILIZATION/D & C W MCC	1.26	0.00%	0.00%	\$6,648.39
Greeneville Community Hospital East	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	8.24	50.00%	100.00%	\$4,481.06
Greeneville Community Hospital East	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	11.89	66.67%	0.00%	\$4,083.16
Greeneville Community Hospital East	982	EXT OR PX UNRELATED TO PRINCIPAL DX W CC	3.00	0.00%	0.00%	\$2,716.21
Greeneville Community Hospital East	987	NON-EXT OR PX UNRELATED TO PRINC DX WMCC	8.51	0.00%	50.00%	\$7,482.94

*Reporting data available starting 4/30/2018

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Greeneville Community Hospital West	884	ORGANIC DISTURBANCES & MENTAL RETARDATION	6.72	0.00%	N/A	\$5,343.96
Greeneville Community Hospital West	57	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/OCC	6.27	0.00%	N/A	\$3,984.50
Greeneville Community Hospital West	949	AFTERCARE W CC/MCC	9.24	0.00%	N/A	\$16,192.78
Greeneville Community Hospital West	560	AFTERCARE, MUSCLESKELETAL SYS & CONDTISS W CC	11.50	0.00%	N/A	\$8,522.54
Greeneville Community Hospital West	561	AFTERCARE, MUSCLESKELETAL SYS & CONDTISS W/OCC/MCC	8.00	0.00%	N/A	\$9,923.58
Greeneville Community Hospital West	65	INTRACRANIAL HEM OR CEREBRAL INFARCT WCC	10.25	0.00%	N/A	\$4,389.59
Greeneville Community Hospital West	56	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/MCC	9.00	0.00%	N/A	\$1,669.39
Greeneville Community Hospital West	71	NONSPECIFIC CEREBROVASCULAR DISORDERS WCC	12.00	0.00%	N/A	\$6,315.57
Greeneville Community Hospital West	73	CRANIAL & PERIPHERAL NERVE DISORDERS W/MCC	14.00	0.00%	N/A	\$4,962.48
Greeneville Community Hospital West	83	TRAUMATIC STUPOR & COMA, COMA >1 HR WCC	14.00	0.00%	N/A	\$7,631.47
Greeneville Community Hospital West	92	OTHER DISORDERS OF NERVOUS SYSTEM W CC	6.00	0.00%	N/A	\$5,564.82
Greeneville Community Hospital West	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	9.00	0.00%	N/A	\$5,790.02
Greeneville Community Hospital West	880	ACUTE ADJUSTMENT RXN & PSYCHOSOCIAL DYSFUNCTION	7.00	0.00%	N/A	\$8,754.48
Greeneville Community Hospital West	950	AFTERCARE W/O CC/MCC	12.00	0.00%	N/A	\$14,824.46

TOP 10 & TOP 80% HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Hancock County Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.72	5.56%	18.75%	\$5,681.92
Hancock County Hospital	603	CELLULITIS W/O MCC	3.15	0.00%	7.14%	\$7,807.39
Hancock County Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	2.24	14.29%	0.00%	\$2,690.94
Hancock County Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.98	0.00%	7.14%	\$6,148.55
Hancock County Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.80	0.00%	12.50%	\$5,403.94
Hancock County Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.02	0.00%	0.00%	\$6,327.00
Hancock County Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	2.57	0.00%	16.67%	\$5,318.51
Hancock County Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.41	0.00%	0.00%	\$5,846.34
Hancock County Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.36	0.00%	12.50%	\$4,267.71
Hancock County Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	1.79	0.00%	14.29%	\$5,177.95
Hancock County Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	1.57	0.00%	16.67%	\$3,685.82
Hancock County Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	2.19	0.00%	20.00%	\$5,068.54
Hancock County Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.43	0.00%	25.00%	\$5,092.71
Hancock County Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.86	0.00%	0.00%	\$10,066.80
Hancock County Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.45	0.00%	0.00%	\$6,303.20
Hancock County Hospital	293	HEART FAILURE & SHOCK W/O CC/MCC	2.21	0.00%	0.00%	\$7,962.27
Hancock County Hospital	292	HEART FAILURE & SHOCK W CC	1.82	0.00%	33.33%	\$4,566.49
Hancock County Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	2.00	0.00%	0.00%	\$4,290.26
Hancock County Hospital	948	SIGNS & SYMPTOMS W/O MCC	1.44	0.00%	33.33%	\$3,213.97
Hancock County Hospital	176	PULMONARY EMBOLISM W/O MCC	1.00	0.00%	0.00%	\$2,903.92
Hancock County Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.83	0.00%	0.00%	\$4,966.97
Hancock County Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	1.00	0.00%	0.00%	\$3,433.08
Hancock County Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.45	0.00%	0.00%	\$4,091.94

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Hancock County Hospital	389	G.I. OBSTRUCTION W CC	2.00	0.00%	0.00%	\$4,276.35
Hancock County Hospital	390	G.I. OBSTRUCTION W/O CC/MCC	1.41	0.00%	0.00%	\$3,114.26
Hancock County Hospital	540	OSTEOMYELITIS W CC	16.31	N/A	N/A	\$16,748.96
Hancock County Hospital	683	RENAL FAILURE W CC	1.73	0.00%	0.00%	\$2,541.58
Hancock County Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.00	0.00%	50.00%	\$3,404.34

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Hawkins County Memorial Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.61	4.48%	8.06%	\$4,207.64
Hawkins County Memorial Hospital	291	HEART FAILURE & SHOCK W MCC	2.89	0.00%	5.88%	\$4,520.91
Hawkins County Memorial Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.20	2.63%	13.51%	\$4,974.58
Hawkins County Memorial Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.72	3.03%	3.13%	\$4,889.09
Hawkins County Memorial Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.65	0.00%	10.00%	\$4,927.10
Hawkins County Memorial Hospital	603	CELLULITIS W/O MCC	2.44	0.00%	4.17%	\$4,244.10
Hawkins County Memorial Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.50	10.00%	17.65%	\$4,172.62
Hawkins County Memorial Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.78	0.00%	22.22%	\$6,226.48
Hawkins County Memorial Hospital	683	RENAL FAILURE W CC	1.87	0.00%	6.67%	\$3,655.43
Hawkins County Memorial Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.51	0.00%	6.67%	\$4,923.12
Hawkins County Memorial Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.06	0.00%	13.33%	\$4,755.05
Hawkins County Memorial Hospital	378	G.I. HEMORRHAGE W CC	2.19	8.33%	0.00%	\$4,959.72
Hawkins County Memorial Hospital	682	RENAL FAILURE W MCC	3.44	0.00%	8.33%	\$5,076.72
Hawkins County Memorial Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	4.17	10.00%	11.11%	\$6,150.03
Hawkins County Memorial Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	1.51	0.00%	9.09%	\$4,446.18
Hawkins County Memorial Hospital	292	HEART FAILURE & SHOCK W CC	1.97	0.00%	22.22%	\$4,695.51
Hawkins County Memorial Hospital	638	DIABETES W CC	2.23	0.00%	9.09%	\$3,942.65
Hawkins County Memorial Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.70	0.00%	9.09%	\$5,033.42
Hawkins County Memorial Hospital	639	DIABETES W/O CC/MCC	1.62	0.00%	10.00%	\$4,133.73
Hawkins County Memorial Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	3.05	12.50%	0.00%	\$3,205.82
Hawkins County Memorial Hospital	811	RED BLOOD CELL DISORDERS W MCC	1.96	0.00%	0.00%	\$4,307.74
Hawkins County Memorial Hospital	389	G.I. OBSTRUCTION W CC	3.01	12.50%	16.67%	\$6,505.36
Hawkins County Memorial Hospital	540	OSTEOMYELITIS W CC	4.36	12.50%	33.33%	\$6,401.01
Hawkins County Memorial Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	2.21	0.00%	37.50%	\$3,540.65
Hawkins County Memorial Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	1.63	0.00%	0.00%	\$4,414.15
Hawkins County Memorial Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.84	0.00%	0.00%	\$4,846.68
Hawkins County Memorial Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	2.21	0.00%	0.00%	\$3,990.00
Hawkins County Memorial Hospital	305	HYPERTENSION W/O MCC	2.03	0.00%	0.00%	\$5,005.71
Hawkins County Memorial Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	4.85	0.00%	14.29%	\$7,493.90

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Hawkins County Memorial Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.71	0.00%	0.00%	\$6,581.82
Hawkins County Memorial Hospital	637	DIABETES W MCC	3.02	0.00%	0.00%	\$4,111.93
Hawkins County Memorial Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	2.74	14.29%	0.00%	\$4,895.35
Hawkins County Memorial Hospital	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	5.34	0.00%	0.00%	\$7,120.96
Hawkins County Memorial Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.80	0.00%	0.00%	\$3,720.95
Hawkins County Memorial Hospital	541	OSTEOMYELITIS W/O CC/MCC	5.59	0.00%	100.00%	\$9,103.37
Hawkins County Memorial Hospital	556	SIGNS & SYMP MSCLSKLTL SYS & CONN TIS W/OMCC	6.70	0.00%	0.00%	\$19,400.04
Hawkins County Memorial Hospital	293	HEART FAILURE & SHOCK W/O CC/MCC	1.58	0.00%	0.00%	\$4,507.07
Hawkins County Memorial Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	1.78	0.00%	25.00%	\$5,915.76
Hawkins County Memorial Hospital	371	MJR GI DISORDRS & PERITONEAL INFECT WMCC	5.33	0.00%	20.00%	\$4,235.29
Hawkins County Memorial Hospital	418	LAPRSOPIC CHOLECYSTECTOMY W/O CDE W CC	2.30	0.00%	0.00%	\$8,971.12
Hawkins County Memorial Hospital	555	SIGNS & SYMP MSCLSKLTL SYS&CONN TISS WMCC	8.22	0.00%	N/A	\$6,051.16
Hawkins County Memorial Hospital	66	INTRCRNIAL HEM/CEREBRL INFARCT W/OCC/MCC	2.21	0.00%	0.00%	\$5,191.38
Hawkins County Memorial Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.86	0.00%	0.00%	\$4,788.69
Hawkins County Memorial Hospital	313	CHEST PAIN	1.57	0.00%	0.00%	\$4,208.63
Hawkins County Memorial Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	3.60	0.00%	0.00%	\$9,286.37
Hawkins County Memorial Hospital	388	G.I. OBSTRUCTION W MCC	3.46	0.00%	50.00%	\$3,348.56
Hawkins County Memorial Hospital	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	1.86	0.00%	0.00%	\$3,492.16
Hawkins County Memorial Hospital	552	MEDICAL BACK PROBLEMS W/O MCC	2.21	0.00%	0.00%	\$4,762.49
Hawkins County Memorial Hospital	580	OTHER SKIN, SUBCUT TISS & BREAST PX W CC	2.71	0.00%	0.00%	\$2,487.63
Hawkins County Memorial Hospital	948	SIGNS & SYMPTOMS W/O MCC	1.57	0.00%	33.33%	\$4,367.37

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Holston Valley Medical Center	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	1.80	0.00%	2.66%	\$5,879.72
Holston Valley Medical Center	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	4.48	13.86%	16.21%	\$4,367.62
Holston Valley Medical Center	795	NORMAL NEWBORN	1.76	0.00%	N/A	\$4,887.36
Holston Valley Medical Center	291	HEART FAILURE & SHOCK W MCC	3.89	4.62%	21.03%	\$4,145.24
Holston Valley Medical Center	247	PERC CRDVSC PX W DRUG-ELUT STENT W/O MCC	1.89	1.14%	7.25%	\$6,327.69
Holston Valley Medical Center	189	PULMONARY EDEMA & RESPIRATORY FAILURE	3.85	2.17%	25.80%	\$4,493.20
Holston Valley Medical Center	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	1.84	0.34%	9.22%	\$3,818.68
Holston Valley Medical Center	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	3.37	0.35%	10.00%	\$3,750.17
Holston Valley Medical Center	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.32	0.00%	13.31%	\$4,119.67
Holston Valley Medical Center	807	VAG DELIV W/O STERILIZATION/D&C W/O CC/M	1.87	0.00%	1.48%	\$10,748.26
Holston Valley Medical Center	683	RENAL FAILURE W CC	2.89	2.24%	11.52%	\$3,887.81
Holston Valley Medical Center	603	CELLULITIS W/O MCC	3.01	0.00%	8.00%	\$4,025.56
Holston Valley Medical Center	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.75	0.00%	13.33%	\$4,133.45
Holston Valley Medical Center	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.37	0.47%	11.00%	\$3,926.64
Holston Valley Medical Center	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.71	2.94%	18.37%	\$3,781.99
Holston Valley Medical Center	378	G.I. HEMORRHAGE W CC	2.78	0.53%	10.38%	\$6,457.49
Holston Valley Medical Center	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	3.68	0.00%	6.25%	\$5,831.98
Holston Valley Medical Center	483	MJR JNT & LMB REATTCHMNT PX UP EXT	1.18	0.00%	3.76%	\$6,106.70
Holston Valley Medical Center	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.83	1.09%	12.43%	\$3,887.76
Holston Valley Medical Center	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.82	0.00%	0.00%	\$2,317.42
Holston Valley Medical Center	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.00	0.00%	17.71%	\$3,559.03
Holston Valley Medical Center	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	3.02	1.78%	14.46%	\$4,072.77
Holston Valley Medical Center	287	CIRC DISORDRS EXC AMI, W CRD CATH W/OMCC	1.65	0.00%	4.79%	\$4,019.09
Holston Valley Medical Center	682	RENAL FAILURE W MCC	5.13	6.29%	17.57%	\$4,875.68
Holston Valley Medical Center	552	MEDICAL BACK PROBLEMS W/O MCC	2.81	1.36%	7.04%	\$5,272.85
Holston Valley Medical Center	638	DIABETES W CC	2.67	0.00%	12.33%	\$4,504.59
Holston Valley Medical Center	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	5.09	22.45%	13.39%	\$5,156.46
Holston Valley Medical Center	281	ACUTE MI DISCHARGED ALIVE W CC	2.18	0.00%	12.68%	\$4,689.98
Holston Valley Medical Center	280	ACUTE MI DISCHARGED ALIVE W MCC	4.08	0.00%	20.16%	\$4,256.39

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Holston Valley Medical Center	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	8.21	18.11%	14.42%	\$4,475.09
Holston Valley Medical Center	775	VAGINAL DELIVERY W/O COMPLICATING DX	2.01	0.00%	0.00%	\$11,310.43
Holston Valley Medical Center	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.36	2.42%	17.80%	\$4,379.01
Holston Valley Medical Center	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.56	0.84%	10.34%	\$4,524.24
Holston Valley Medical Center	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.58	0.00%	1.72%	\$9,002.37
Holston Valley Medical Center	236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	4.68	0.00%	5.41%	\$5,690.95
Holston Valley Medical Center	313	CHEST PAIN	1.47	0.00%	4.81%	\$3,732.13
Holston Valley Medical Center	64	INTRACRANIAL HEM OR CEREBRAL INFARCT WMCC	4.46	15.74%	12.22%	\$4,375.67
Holston Valley Medical Center	246	PRC CRDVSCTX W DRGELT ST WMCC OR 4+VS/ST	3.71	3.88%	12.24%	\$5,630.13
Holston Valley Medical Center	101	SEIZURES W/O MCC	2.29	0.00%	12.50%	\$4,366.30
Holston Valley Medical Center	948	SIGNS & SYMPTOMS W/O MCC	2.44	2.97%	9.18%	\$4,480.60
Holston Valley Medical Center	269	AORTIC&HRT ASST PX EXC PULSN BLN W/O MCC	1.40	0.00%	6.06%	\$5,202.41
Holston Valley Medical Center	493	LWR EXT & HUMER PX EXC HIP, FOOT, FEMUR W CC	3.77	0.00%	7.14%	\$7,822.72
Holston Valley Medical Center	793	FULL TERM NEONATE W MAJOR PROBLEMS	5.81	0.00%	0.00%	\$2,324.25
Holston Valley Medical Center	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	2.46	0.00%	6.90%	\$5,558.38
Holston Valley Medical Center	292	HEART FAILURE & SHOCK W CC	2.87	2.33%	10.84%	\$4,117.02
Holston Valley Medical Center	312	SYNCOPE & COLLAPSE	1.91	1.19%	8.54%	\$3,394.69
Holston Valley Medical Center	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	11.74	36.25%	11.76%	\$4,601.75
Holston Valley Medical Center	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.21	3.66%	20.51%	\$4,094.05
Holston Valley Medical Center	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	4.41	2.56%	16.00%	\$5,018.39
Holston Valley Medical Center	467	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.14	0.00%	8.86%	\$6,060.83
Holston Valley Medical Center	455	COMBND ANTR/POSTR SPINAL FUSN W/OCC/MCC	2.05	0.00%	3.80%	\$3,927.76
Holston Valley Medical Center	330	MAJOR SMALL & LARGE BOWEL PX W CC	4.84	0.00%	16.88%	\$5,580.20
Holston Valley Medical Center	253	OTHER VASCULAR PROCEDURES W CC	2.89	0.00%	18.42%	\$6,797.22
Holston Valley Medical Center	220	CRD VLV & OTH MJ CD/THR PX W/O CRD CTH WCC	4.62	2.63%	2.70%	\$5,264.24
Holston Valley Medical Center	377	G.I. HEMORRHAGE W MCC	4.12	9.72%	20.00%	\$3,954.74
Holston Valley Medical Center	254	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.38	0.00%	5.41%	\$7,762.99
Holston Valley Medical Center	282	ACUTE MI DISCHARGED ALIVE W/O CC/MCC	1.61	0.00%	6.76%	\$5,512.91
Holston Valley Medical Center	36	CAROTID ARTERY STENT PROCEDURE W/OCC/MCC	1.14	0.00%	5.56%	\$7,166.25
Holston Valley Medical Center	39	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.14	0.00%	2.78%	\$9,026.58

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Holston Valley Medical Center	176	PULMONARY EMBOLISM W/O MCC	2.45	0.00%	8.33%	\$4,582.44
Holston Valley Medical Center	243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	3.32	0.00%	8.33%	\$6,029.09
Holston Valley Medical Center	698	OTHER KIDNEY & URINARY TRACT DX W MCC	5.16	6.94%	22.39%	\$6,223.57
Holston Valley Medical Center	812	RED BLOOD CELL DISORDERS W/O MCC	2.09	0.00%	14.71%	\$4,372.60
Holston Valley Medical Center	69	TRANSIENT ISCHEMIA	2.00	0.00%	4.29%	\$3,928.98
Holston Valley Medical Center	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.65	1.41%	15.94%	\$4,021.10
Holston Valley Medical Center	389	G.I. OBSTRUCTION W CC	2.79	0.00%	8.70%	\$3,576.91
Holston Valley Medical Center	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	5.01	1.47%	18.18%	\$3,424.61
Holston Valley Medical Center	234	CORONARY BYPASS W CARDIAC CATH W/O MCC	7.64	0.00%	10.45%	\$5,306.48
Holston Valley Medical Center	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.87	1.64%	15.25%	\$3,535.05
Holston Valley Medical Center	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	5.17	0.00%	8.20%	\$5,163.57
Holston Valley Medical Center	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.35	0.00%	16.67%	\$3,611.84
Holston Valley Medical Center	66	INTRCRNIAL HEM/CEREBRL INFARCT W/OCC/MCC	2.00	0.00%	3.39%	\$4,235.96
Holston Valley Medical Center	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	1.96	0.00%	3.39%	\$6,183.44
Holston Valley Medical Center	765	CESAREAN SECTION W CC/MCC	3.02	0.00%	1.72%	\$7,946.18
Holston Valley Medical Center	480	HIP & FEMUR PX EXCEPT MAJOR JOINT W MCC	6.51	3.57%	14.81%	\$6,096.74
Holston Valley Medical Center	637	DIABETES W MCC	3.75	1.75%	31.48%	\$4,880.61
Holston Valley Medical Center	418	LAPRSCOPIC CHOLECYSTECTOMY W/O CDE W CC	3.42	0.00%	5.45%	\$6,072.37
Holston Valley Medical Center	300	PERIPHERAL VASCULAR DISORDERS W CC	2.24	1.89%	15.38%	\$3,329.55
Holston Valley Medical Center	329	MAJOR SMALL & LARGE BOWEL PX W MCC	8.48	7.69%	26.09%	\$4,675.53
Holston Valley Medical Center	175	PULMONARY EMBOLISM W MCC	3.69	0.00%	15.69%	\$3,753.24
Holston Valley Medical Center	274	PERCUTANEOUS INTRACARDIAC PX W/O MCC	2.43	0.00%	7.84%	\$4,934.62
Holston Valley Medical Center	305	HYPERTENSION W/O MCC	2.05	0.00%	3.85%	\$4,216.52
Holston Valley Medical Center	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.29	0.00%	8.16%	\$4,353.05
Holston Valley Medical Center	469	MJR JNT RPLCMNT/RTTHMNT OF LWR EXT WMCC	5.20	3.85%	12.00%	\$5,188.57
Holston Valley Medical Center	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.97	0.00%	7.84%	\$6,365.97
Holston Valley Medical Center	563	FX, SPN, STN & DSL EX FMR, HP, PLVS & TGH W/OMCC	2.78	0.00%	13.73%	\$5,692.43
Holston Valley Medical Center	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.75	0.00%	17.39%	\$4,088.86
Holston Valley Medical Center	494	LWR EXT&HMR PX EXC HIP, FT, FMR W/OCC/MCC	3.26	0.00%	4.08%	\$10,537.22
Holston Valley Medical Center	811	RED BLOOD CELL DISORDERS W MCC	3.05	2.04%	22.73%	\$4,017.67

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Holston Valley Medical Center	390	G.I. OBSTRUCTION W/O CC/MCC	2.07	0.00%	4.26%	\$3,713.49
Holston Valley Medical Center	981	EXT OR PX UNRELATED TO PRINCIPAL DX WMCC	7.11	14.89%	7.50%	\$4,544.39
Holston Valley Medical Center	982	EXT OR PX UNRELATED TO PRINCIPAL DX W CC	3.76	2.13%	15.56%	\$5,389.32
Holston Valley Medical Center	482	HIP & FEMUR PX EXC MAJOR JOINT W/OCC/MCC	2.70	0.00%	2.13%	\$6,296.00
Holston Valley Medical Center	639	DIABETES W/O CC/MCC	1.89	2.13%	2.27%	\$4,565.80
Holston Valley Medical Center	790	EXTREME IMMATURETY OR RDS, NEONATE	21.51	0.00%	N/A	\$8,348.33
Holston Valley Medical Center	315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	2.71	0.00%	21.74%	\$4,096.35
Holston Valley Medical Center	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.04	0.00%	2.22%	\$3,625.75
Holston Valley Medical Center	293	HEART FAILURE & SHOCK W/O CC/MCC	2.00	2.22%	9.09%	\$3,567.67
Holston Valley Medical Center	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	3.06	2.22%	20.45%	\$3,716.90
Holston Valley Medical Center	3	ECMO/TRCHWMV >96HR/PDXEXFCE/MTH & NCKW/MJOR	22.28	15.79%	0.00%	\$4,536.95
Holston Valley Medical Center	207	RESPIRATORY SYS DX W VENT SUPPORT >96HRS	12.14	45.45%	22.73%	\$5,961.17
Holston Valley Medical Center	252	OTHER VASCULAR PROCEDURES W MCC	3.18	2.27%	18.60%	\$4,376.49
Holston Valley Medical Center	266	ENDOVASC CARD VALV REPL WMCC	1.22	0.00%	6.98%	\$3,780.39
Holston Valley Medical Center	286	CIRC DISORDERS EXC AMI, W CARD CATH WMCC	4.27	2.33%	16.67%	\$4,066.89
Holston Valley Medical Center	809	MJR HEM/IMM DX EXC SCKL CL CRS&COAG W CC	3.90	0.00%	13.95%	\$4,822.72
Holston Valley Medical Center	164	MAJOR CHEST PROCEDURES W CC	5.72	0.00%	10.00%	\$6,671.24
Holston Valley Medical Center	271	OTHER MAJ CARDIO PX W CC	3.69	0.00%	7.14%	\$6,244.31
Holston Valley Medical Center	38	EXTRACRANIAL PROCEDURES W CC	1.43	0.00%	7.32%	\$6,542.63
Holston Valley Medical Center	464	WND DBD & GRFT EXC HND, MSCLCNN TSS DS W CC	5.18	0.00%	10.00%	\$5,546.26
Holston Valley Medical Center	766	CESAREAN SECTION W/O CC/MCC	2.51	0.00%	0.00%	\$10,573.97
Holston Valley Medical Center	792	PREMATURITY W/O MAJOR PROBLEMS	7.04	0.00%	N/A	\$5,315.34
Holston Valley Medical Center	806	VAG DELIV W/O STERILIZATION/D&C W CC	1.79	0.00%	0.00%	\$9,114.70
Holston Valley Medical Center	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	2.13	0.00%	7.69%	\$4,151.35
Holston Valley Medical Center	516	OTH MUSCLOSKELET SYS & CONN TISS OR PX W CC	4.17	0.00%	10.53%	\$8,068.38
Holston Valley Medical Center	536	FRACTURES OF HIP & PELVIS W/O MCC	2.38	0.00%	2.78%	\$4,656.43
Holston Valley Medical Center	857	POSTOP/POST-TRAUMA INFECT W OR PX W CC	5.31	0.00%	13.16%	\$5,759.35
Holston Valley Medical Center	57	DEGENERATIV NRVOUS SYSTM DISORDRS W/OMCC	3.00	0.00%	0.00%	\$4,862.64
Holston Valley Medical Center	71	NONSPECIFIC CEREBROVASCULAR DISORDERS WCC	3.17	0.00%	13.89%	\$3,830.31
Holston Valley Medical Center	83	TRAUMATIC STUPOR & COMA, COMA >1 HR WCC	3.67	5.41%	11.43%	\$4,860.97

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Holston Valley Medical Center	299	PERIPHERAL VASCULAR DISORDERS W MCC	3.64	6.06%	17.24%	\$4,265.16
Holston Valley Medical Center	791	PREMATURITY W MAJOR PROBLEMS	13.53	0.00%	0.00%	\$5,809.84
Holston Valley Medical Center	100	SEIZURES W MCC	4.41	6.06%	10.34%	\$7,771.85
Holston Valley Medical Center	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	4.16	14.29%	23.33%	\$3,084.85
Holston Valley Medical Center	684	RENAL FAILURE W/O CC/MCC	2.07	0.00%	13.89%	\$4,071.66
Holston Valley Medical Center	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	4.04	0.00%	14.71%	\$4,011.96
Holston Valley Medical Center	184	MAJOR CHEST TRAUMA W CC	3.00	0.00%	5.71%	\$8,221.31
Holston Valley Medical Center	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	2.37	0.00%	8.57%	\$6,522.45
Holston Valley Medical Center	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	8.55	11.76%	10.00%	\$5,410.78
Holston Valley Medical Center	242	PERMANENT CARDIAC PACEMAKER IMPLANT WMCC	4.77	0.00%	5.88%	\$4,984.91
Holston Valley Medical Center	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	3.48	0.00%	15.15%	\$4,046.35
Holston Valley Medical Center	35	CAROTID ARTERY STENT PROCEDURE W CC	1.16	0.00%	3.13%	\$5,898.97
Holston Valley Medical Center	86	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	2.88	3.13%	10.00%	\$4,874.25
Holston Valley Medical Center	303	ATHEROSCLEROSIS W/O MCC	1.53	0.00%	9.38%	\$4,531.80
Holston Valley Medical Center	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	3.64	0.00%	23.33%	\$4,149.40
Holston Valley Medical Center	743	UTERINE & ADNEXA PX NONMALIGNANCY W/OCC/MCC	1.89	0.00%	6.25%	\$6,567.22
Holston Valley Medical Center	84	TRAUM STUPOR & COMA, COMA >1 HR W/O CC/MCC	2.14	9.68%	7.14%	\$6,871.85
Holston Valley Medical Center	244	PERM CARDIAC PACEMAKER IMPLANT W/OCC/MCC	2.01	0.00%	0.00%	\$5,949.77
Holston Valley Medical Center	270	OTHER MAJ CARDIO PX W MCC	5.21	26.67%	22.73%	\$5,667.28
Holston Valley Medical Center	441	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA WMCC	3.54	3.45%	37.04%	\$2,572.62
Holston Valley Medical Center	454	COMBINED ANTR/POSTR SPINAL FUSION W CC	3.64	3.23%	6.67%	\$4,310.01
Holston Valley Medical Center	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.77	0.00%	12.90%	\$8,821.03
Holston Valley Medical Center	742	UTERINE & ADNEXA PX NONMALIGNANCY WCC/MCC	2.35	0.00%	0.00%	\$4,345.75
Holston Valley Medical Center	25	CRANIOTOMY & ENDOVASC INTRACRANIAL PX WMCC	11.45	6.90%	13.64%	\$10,747.63
Holston Valley Medical Center	87	TRAUM STUPOR & COMA, COMA <1 HR W/OCC/MCC	2.09	0.00%	3.45%	\$7,125.60
Holston Valley Medical Center	229	OTHER CARDIOTHORACIC PROCEDURES W/O MCC	4.04	3.33%	3.45%	\$4,685.36
Holston Valley Medical Center	267	ENDOVASC CARD VALV REPL W/OMCC	1.07	0.00%	0.00%	\$4,358.36
Holston Valley Medical Center	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	2.46	0.00%	6.90%	\$3,398.78
Holston Valley Medical Center	787	CESAREAN SECT W/O STERILIZATION W CC	2.73	0.00%	3.33%	\$7,693.67
Holston Valley Medical Center	947	SIGNS & SYMPTOMS W MCC	3.61	3.57%	3.85%	\$6,258.43

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Holston Valley Medical Center	54	NERVOUS SYSTEM NEOPLASMS W MCC	2.61	7.41%	0.00%	\$3,503.59
Holston Valley Medical Center	103	HEADACHES W/O MCC	2.18	0.00%	7.14%	\$3,919.06
Holston Valley Medical Center	957	OTH OR PX MULT SIGNIFICANT TRAUMA W MCC	10.35	7.14%	0.00%	\$7,299.97

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Indian Path Community Hospital	795	NORMAL NEWBORN	1.64	0.00%	N/A	\$10,878.20
Indian Path Community Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	4.25	7.19%	9.68%	\$5,475.27
Indian Path Community Hospital	807	VAG DELIV W/O STERILIZATION/D&C W/O CC/M	1.61	0.00%	0.00%	\$6,390.44
Indian Path Community Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRS W/OMCC	3.05	0.42%	4.87%	\$5,101.75
Indian Path Community Hospital	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.18	0.00%	0.00%	\$1,974.45
Indian Path Community Hospital	775	VAGINAL DELIVERY W/O COMPLICATING DX	1.46	0.00%	0.00%	N/A
Indian Path Community Hospital	291	HEART FAILURE & SHOCK W MCC	4.12	3.77%	19.80%	N/A
Indian Path Community Hospital	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.31	0.00%	1.87%	\$5,694.04
Indian Path Community Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.98	5.26%	10.34%	\$6,250.48
Indian Path Community Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.17	2.53%	12.00%	\$5,010.59
Indian Path Community Hospital	682	RENAL FAILURE W MCC	4.27	6.67%	10.45%	\$6,508.30
Indian Path Community Hospital	683	RENAL FAILURE W CC	2.59	0.00%	7.69%	\$4,846.27
Indian Path Community Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	5.20	0.00%	14.52%	\$9,196.57
Indian Path Community Hospital	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.57	100.00%	N/A	\$1,618.50
Indian Path Community Hospital	638	DIABETES W CC	2.64	0.00%	8.77%	\$6,003.72
Indian Path Community Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	4.98	7.14%	26.00%	\$6,198.73
Indian Path Community Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.35	0.00%	9.43%	\$5,383.91
Indian Path Community Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	7.76	10.00%	18.60%	\$4,715.10
Indian Path Community Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.41	0.00%	1.89%	\$5,815.99
Indian Path Community Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.24	0.00%	17.31%	\$5,232.48
Indian Path Community Hospital	766	CESAREAN SECTION W/O CC/MCC	2.24	0.00%	0.00%	N/A
Indian Path Community Hospital	806	VAG DELIV W/O STERILIZATION/D&C W CC	1.74	0.00%	0.00%	\$5,758.13
Indian Path Community Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	3.84	0.00%	8.33%	\$5,539.04
Indian Path Community Hospital	392	ESOPHAGITIS, GI&MSC DIGST DISORDR W/OMCC	2.72	0.00%	8.70%	\$5,875.06
Indian Path Community Hospital	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	2.52	0.00%	4.55%	\$7,169.63
Indian Path Community Hospital	603	CELLULITIS W/O MCC	2.90	0.00%	2.70%	\$5,693.60
Indian Path Community Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.88	0.00%	0.00%	N/A
Indian Path Community Hospital	793	FULL TERM NEONATE W MAJOR PROBLEMS	3.43	0.00%	N/A	\$5,025.41
Indian Path Community Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	5.94	0.00%	20.00%	\$7,666.89

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Indian Path Community Hospital	378	G.I. HEMORRHAGE W CC	1.93	0.00%	17.65%	\$5,408.75
Indian Path Community Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.58	0.00%	14.71%	\$4,942.63
Indian Path Community Hospital	389	G.I. OBSTRUCTION W CC	2.56	0.00%	8.82%	\$4,639.54
Indian Path Community Hospital	281	ACUTE MI DISCHARGED ALIVE W CC	1.86	0.00%	14.29%	\$5,123.13
Indian Path Community Hospital	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.01	0.00%	0.00%	\$5,149.41
Indian Path Community Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.22	0.00%	8.00%	\$5,914.30
Indian Path Community Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.42	0.00%	4.17%	\$5,976.19
Indian Path Community Hospital	787	CESAREAN SECT W/O STERILIZATION W CC	2.22	0.00%	0.00%	\$4,816.54
Indian Path Community Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	1.78	4.76%	5.26%	\$4,644.27
Indian Path Community Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.39	0.00%	8.70%	\$5,250.38
Indian Path Community Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	3.16	0.00%	4.35%	\$4,824.14
Indian Path Community Hospital	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	3.86	0.00%	13.64%	\$5,338.52
Indian Path Community Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.08	0.00%	0.00%	\$6,190.77
Indian Path Community Hospital	377	G.I. HEMORRHAGE W MCC	3.19	5.00%	0.00%	\$5,427.08
Indian Path Community Hospital	765	CESAREAN SECTION W CC/MCC	2.01	0.00%	0.00%	N/A
Indian Path Community Hospital	418	LAPRSCOPIC CHOLECYSTECTOMY W/O CDE W CC	2.70	0.00%	0.00%	\$5,714.92
Indian Path Community Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	2.20	0.00%	15.79%	\$5,744.68
Indian Path Community Hospital	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.08	0.00%	0.00%	\$5,659.92
Indian Path Community Hospital	862	POSTOP & POST-TRAUMATIC INFECTIONS W MCC	4.80	0.00%	5.88%	\$5,120.44
Indian Path Community Hospital	329	MAJOR SMALL & LARGE BOWEL PX W MCC	7.62	0.00%	12.50%	\$5,070.66
Indian Path Community Hospital	442	DSRDRS LIVER EXC MALG, CIRRH, ALC HEPA W CC	2.55	0.00%	0.00%	\$5,526.99
Indian Path Community Hospital	637	DIABETES W MCC	4.06	0.00%	11.76%	\$6,688.75
Indian Path Community Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.45	0.00%	5.56%	\$6,246.06
Indian Path Community Hospital	774	VAGINAL DELIVERY W COMPLICATING DX	1.61	0.00%	0.00%	N/A
Indian Path Community Hospital	175	PULMONARY EMBOLISM W MCC	3.79	0.00%	0.00%	\$4,779.93
Indian Path Community Hospital	292	HEART FAILURE & SHOCK W CC	2.66	0.00%	17.65%	\$5,428.93
Indian Path Community Hospital	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	4.19	0.00%	0.00%	\$8,314.82
Indian Path Community Hospital	305	HYPERTENSION W/O MCC	1.76	0.00%	0.00%	\$5,252.64
Indian Path Community Hospital	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	3.35	25.00%	16.67%	\$5,721.80
Indian Path Community Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	1.74	0.00%	6.67%	\$4,831.80

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Indian Path Community Hospital	441	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA WMCC	5.15	21.43%	9.09%	\$5,801.34
Indian Path Community Hospital	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	5.56	6.67%	16.67%	\$4,538.29
Indian Path Community Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	6.12	40.00%	11.11%	\$4,538.29
Indian Path Community Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	4.64	13.33%	15.38%	\$9,068.68
Indian Path Community Hospital	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	4.18	0.00%	7.14%	\$5,386.38
Indian Path Community Hospital	768	VAGINAL DELV W OR PX EXC STERIL &/OR D&C	2.03	0.00%	7.14%	\$4,176.49

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnson City Medical Center	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	4.95	15.46%	15.82%	\$5,849.68
Johnson City Medical Center	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	1.95	0.11%	2.80%	\$5,967.96
Johnson City Medical Center	795	NORMAL NEWBORN	1.62	0.00%	N/A	\$8,008.27
Johnson City Medical Center	247	PERC CRDVSC PX W DRUG-ELUT STENT W/O MCC	1.90	0.61%	5.77%	\$4,651.13
Johnson City Medical Center	291	HEART FAILURE & SHOCK W MCC	4.47	5.29%	23.45%	\$5,976.14
Johnson City Medical Center	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.28	0.00%	0.00%	\$1,897.50
Johnson City Medical Center	603	CELLULITIS W/O MCC	2.85	0.00%	8.17%	\$5,321.90
Johnson City Medical Center	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRS W/OMCC	3.34	0.60%	11.64%	\$5,098.88
Johnson City Medical Center	807	VAG DELIV W/O STERILIZATION/D&C W/O CC/M	1.64	0.00%	2.60%	\$8,208.59
Johnson City Medical Center	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.35	0.00%	11.49%	\$5,641.96
Johnson City Medical Center	683	RENAL FAILURE W CC	3.27	0.35%	15.61%	\$5,870.97
Johnson City Medical Center	280	ACUTE MI DISCHARGED ALIVE W MCC	4.40	0.00%	17.22%	\$5,954.28
Johnson City Medical Center	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	3.27	2.28%	8.33%	\$7,111.02
Johnson City Medical Center	64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	4.04	31.84%	16.95%	\$6,090.96
Johnson City Medical Center	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.94	2.38%	16.18%	\$5,746.82
Johnson City Medical Center	793	FULL TERM NEONATE W MAJOR PROBLEMS	4.84	0.00%	0.00%	\$2,480.34
Johnson City Medical Center	193	SIMPLE PNEUMONIA & PLEURISY W MCC	4.74	4.03%	16.16%	\$6,547.85
Johnson City Medical Center	189	PULMONARY EDEMA & RESPIRATORY FAILURE	3.15	17.32%	15.30%	\$5,920.34
Johnson City Medical Center	287	CIRC DISORDRS EXC AMI, W CRD CATH W/OMCC	1.98	0.00%	6.67%	\$5,065.24
Johnson City Medical Center	378	G.I. HEMORRHAGE W CC	2.94	1.36%	12.21%	\$6,519.33
Johnson City Medical Center	246	PRC CRDVSCPX W DRGELT ST WMCC OR 4+VS/ST	3.69	4.57%	12.56%	N/A
Johnson City Medical Center	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.11	0.92%	11.32%	\$5,800.91
Johnson City Medical Center	682	RENAL FAILURE W MCC	4.32	8.96%	14.89%	\$5,796.02
Johnson City Medical Center	281	ACUTE MI DISCHARGED ALIVE W CC	2.71	0.00%	14.22%	\$6,147.11
Johnson City Medical Center	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.39	0.49%	8.33%	\$6,292.20
Johnson City Medical Center	638	DIABETES W CC	3.09	0.47%	12.00%	\$6,915.40
Johnson City Medical Center	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.42	0.00%	10.26%	\$4,789.29
Johnson City Medical Center	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.45	0.00%	8.38%	\$5,715.29
Johnson City Medical Center	880	ACUTE ADJSTMNT RXN & PSYCHOSOCIAL DYSFNCTN	4.08	0.00%	0.00%	\$5,687.06

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnson City Medical Center	101	SEIZURES W/O MCC	2.08	0.66%	10.87%	\$5,083.47
Johnson City Medical Center	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.73	0.00%	10.00%	\$5,034.51
Johnson City Medical Center	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.90	1.32%	13.01%	\$6,491.06
Johnson City Medical Center	790	EXTREME IMMATUREITY OR RDS, NEONATE	17.04	0.00%	0.00%	\$6,827.36
Johnson City Medical Center	39	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.07	0.00%	3.33%	\$5,360.99
Johnson City Medical Center	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	1.81	0.00%	2.80%	\$6,339.88
Johnson City Medical Center	203	BRONCHITIS & ASTHMA W/O CC/MCC	1.66	0.00%	2.01%	\$4,693.56
Johnson City Medical Center	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	4.28	34.75%	11.24%	\$5,781.15
Johnson City Medical Center	775	VAGINAL DELIVERY W/O COMPLICATING DX	1.76	0.00%	0.00%	N/A
Johnson City Medical Center	377	G.I. HEMORRHAGE W MCC	4.36	4.20%	16.06%	\$6,236.95
Johnson City Medical Center	552	MEDICAL BACK PROBLEMS W/O MCC	2.59	0.00%	2.26%	\$6,554.51
Johnson City Medical Center	806	VAG DELIV W/O STERILIZATION/D & C W CC	1.96	0.00%	0.00%	\$9,606.12
Johnson City Medical Center	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	9.19	16.67%	21.90%	\$5,818.79
Johnson City Medical Center	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.50	0.00%	0.00%	\$7,725.15
Johnson City Medical Center	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	6.67	9.52%	20.35%	\$6,992.79
Johnson City Medical Center	884	ORGANIC DISTURBANCES & MENTAL RETARDATION	5.08	0.93%	11.43%	\$4,318.03
Johnson City Medical Center	698	OTHER KIDNEY & URINARY TRACT DX W MCC	5.47	5.93%	29.09%	\$5,837.17
Johnson City Medical Center	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.66	6.14%	14.15%	\$5,230.53
Johnson City Medical Center	69	TRANSIENT ISCHEMIA	2.23	0.88%	8.11%	\$6,392.33
Johnson City Medical Center	202	BRONCHITIS & ASTHMA W CC/MCC	2.28	0.00%	9.82%	\$5,136.76
Johnson City Medical Center	292	HEART FAILURE & SHOCK W CC	3.04	2.73%	21.15%	\$5,307.18
Johnson City Medical Center	312	SYNCOPE & COLLAPSE	2.36	1.83%	5.77%	\$5,941.28
Johnson City Medical Center	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	4.41	6.80%	21.51%	\$6,509.72
Johnson City Medical Center	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	3.17	0.00%	15.63%	\$5,849.83
Johnson City Medical Center	274	PERCUTANEOUS INTRACARDIAC PX W/O MCC	1.52	0.00%	5.10%	\$7,393.35
Johnson City Medical Center	305	HYPERTENSION W/O MCC	2.06	0.00%	7.14%	\$5,168.25
Johnson City Medical Center	791	PREMATURITY W MAJOR PROBLEMS	9.14	0.00%	0.00%	\$4,366.60
Johnson City Medical Center	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	5.24	0.00%	0.00%	\$5,409.12
Johnson City Medical Center	243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	3.05	0.00%	11.11%	\$6,046.83
Johnson City Medical Center	286	CIRC DISORDERS EXC AMI, W CARD CATH WMCC	4.58	2.20%	11.36%	\$4,464.55

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnson City Medical Center	787	CESAREAN SECT W/O STERILIZATION W CC	3.23	0.00%	1.10%	\$9,867.37
Johnson City Medical Center	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	2.77	0.00%	3.53%	\$6,515.71
Johnson City Medical Center	483	MJR JNT & LMB REATTCHMNT PX UP EXT	1.39	0.00%	3.41%	\$5,585.29
Johnson City Medical Center	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	2.09	0.00%	1.12%	\$7,086.03
Johnson City Medical Center	792	PREMATURITY W/O MAJOR PROBLEMS	5.51	0.00%	N/A	\$4,025.54
Johnson City Medical Center	639	DIABETES W/O CC/MCC	1.73	0.00%	5.41%	\$6,828.30
Johnson City Medical Center	765	CESAREAN SECTION W CC/MCC	3.37	0.00%	1.23%	N/A
Johnson City Medical Center	66	INTRCRNIAL HEM/CEREBRL INFARCT W/OCC/MCC	1.86	3.80%	9.46%	\$6,866.88
Johnson City Medical Center	175	PULMONARY EMBOLISM W MCC	4.58	3.90%	13.51%	\$6,604.30
Johnson City Medical Center	441	DSRDRS LIVER EXC MALG, CIRR, ALC HEP A WMCC	4.16	16.00%	19.05%	\$4,476.18
Johnson City Medical Center	23	CRNMJR DVIMPL/ACTCPLXCNS PDXWMCC/CHMO IMP	7.73	34.25%	2.13%	\$6,516.08
Johnson City Medical Center	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	4.34	18.67%	29.82%	\$5,569.18
Johnson City Medical Center	493	LWR EXT & HUMER PX EXC HIP, FOOT, FEMUR W CC	3.83	0.00%	11.43%	\$6,477.09
Johnson City Medical Center	252	OTHER VASCULAR PROCEDURES W MCC	4.35	5.48%	10.61%	\$4,913.45
Johnson City Medical Center	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEP A W CC	3.20	0.00%	14.49%	\$5,191.21
Johnson City Medical Center	637	DIABETES W MCC	4.48	1.35%	21.43%	\$6,829.96
Johnson City Medical Center	282	ACUTE MI DISCHARGED ALIVE W/O CC/MCC	1.63	0.00%	8.70%	\$5,692.75
Johnson City Medical Center	563	FX, SPN, STN & DSL EX FMR, HP, PLVS & TGH W/OMCC	2.28	0.00%	7.25%	\$5,580.37
Johnson City Medical Center	699	OTHER KIDNEY & URINARY TRACT DX W CC	3.66	0.00%	31.34%	\$6,745.08
Johnson City Medical Center	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.87	4.35%	19.70%	\$6,525.73
Johnson City Medical Center	176	PULMONARY EMBOLISM W/O MCC	2.75	0.00%	13.24%	\$6,232.60
Johnson City Medical Center	313	CHEST PAIN	1.59	0.00%	8.20%	\$4,464.85
Johnson City Medical Center	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.85	0.00%	16.92%	\$5,606.98
Johnson City Medical Center	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	3.70	0.00%	18.18%	\$6,872.93
Johnson City Medical Center	103	HEADACHES W/O MCC	2.26	0.00%	6.35%	\$5,811.34
Johnson City Medical Center	389	G.I. OBSTRUCTION W CC	3.46	0.00%	17.19%	\$6,327.81
Johnson City Medical Center	153	OTITIS MEDIA & URI W/O MCC	1.92	0.00%	9.68%	\$4,119.13
Johnson City Medical Center	236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	5.61	0.00%	10.94%	\$8,210.62
Johnson City Medical Center	329	MAJOR SMALL & LARGE BOWEL PX W MCC	10.13	10.94%	28.07%	\$6,103.03
Johnson City Medical Center	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	3.72	0.00%	14.06%	\$6,152.01

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnson City Medical Center	480	HIP & FEMUR PX EXCEPT MAJOR JOINT W MCC	6.80	6.67%	12.50%	\$6,539.63
Johnson City Medical Center	494	LWR EXT & HMR PX EXC HIP, FT, FMR W/OCC/MCC	2.41	0.00%	6.56%	\$6,472.32
Johnson City Medical Center	300	PERIPHERAL VASCULAR DISORDERS W CC	2.77	0.00%	12.28%	\$5,653.66
Johnson City Medical Center	812	RED BLOOD CELL DISORDERS W/O MCC	2.56	1.61%	10.71%	\$6,134.86
Johnson City Medical Center	100	SEIZURES W MCC	3.45	10.34%	13.73%	\$5,809.47
Johnson City Medical Center	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	5.78	0.00%	5.17%	\$6,354.47
Johnson City Medical Center	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	11.76	39.66%	22.86%	\$5,738.01
Johnson City Medical Center	57	DEGENERATIV NRVOUS SYSTM DISORDRS W/OMCC	4.53	5.36%	9.30%	\$7,587.69
Johnson City Medical Center	330	MAJOR SMALL & LARGE BOWEL PX W CC	7.66	0.00%	20.69%	\$7,023.41
Johnson City Medical Center	269	AORTIC & HRT ASST PX EXC PULSN BLN W/O MCC	1.56	0.00%	8.93%	\$6,720.27
Johnson City Medical Center	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	4.29	0.00%	29.09%	\$5,774.52
Johnson City Medical Center	482	HIP & FEMUR PX EXC MAJOR JOINT W/OCC/MCC	2.59	0.00%	3.57%	\$5,957.95
Johnson City Medical Center	981	EXT OR PX UNRELATED TO PRINCIPAL DX WMCC	8.47	9.62%	23.91%	\$5,886.73
Johnson City Medical Center	982	EXT OR PX UNRELATED TO PRINCIPAL DX W CC	4.62	0.00%	15.79%	\$6,339.97
Johnson City Medical Center	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.56	0.00%	3.70%	\$3,738.66
Johnson City Medical Center	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.66	0.00%	19.61%	\$6,045.15
Johnson City Medical Center	315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	2.75	0.00%	19.61%	\$5,440.89
Johnson City Medical Center	433	CIRRHOIS & ALCOHOLIC HEPATITIS W CC	3.76	3.77%	10.00%	\$7,258.85
Johnson City Medical Center	3	ECMO/TRCHWMV >96HR/PDXEXFCE/MTH & NCKW/MJOR	21.12	2.13%	10.87%	\$4,985.12
Johnson City Medical Center	71	NONSPECIFC CEREBROVASCULAR DISORDERS WCC	3.99	0.00%	4.35%	\$7,352.50
Johnson City Medical Center	164	MAJOR CHEST PROCEDURES W CC	3.58	0.00%	7.69%	\$7,006.36
Johnson City Medical Center	215	OTHER HEART ASSIST SYSTEM IMPLANT	5.28	16.98%	9.09%	\$4,025.06
Johnson City Medical Center	271	OTHER MAJ CARDIO PX W CC	4.26	1.92%	15.69%	\$5,374.46
Johnson City Medical Center	303	ATHEROSCLEROSIS W/O MCC	1.63	5.88%	10.87%	\$5,520.63
Johnson City Medical Center	863	POSTOP & POST-TRAUMATIC INFECTIONS W/OMCC	3.18	0.00%	15.69%	\$5,391.54
Johnson City Medical Center	253	OTHER VASCULAR PROCEDURES W CC	3.70	2.04%	12.77%	\$5,664.15
Johnson City Medical Center	536	FRACTURES OF HIP & PELVIS W/O MCC	2.64	2.08%	17.39%	\$5,756.80
Johnson City Medical Center	86	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	3.60	2.08%	8.89%	\$6,904.20
Johnson City Medical Center	92	OTHER DISORDERS OF NERVOUS SYSTEM W CC	3.70	0.00%	4.26%	\$6,522.27
Johnson City Medical Center	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	5.19	0.00%	10.64%	\$7,106.02

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnson City Medical Center	207	RESPIRATORY SYS DX W VENT SUPPORT >96HRS	10.70	44.68%	7.69%	N/A
Johnson City Medical Center	469	MJR JNT RPLCMNT/RTTHMNT OF LWR EXT WMCC	4.77	6.25%	11.11%	N/A
Johnson City Medical Center	774	VAGINAL DELIVERY W COMPLICATING DX	1.90	2.08%	0.00%	N/A
Johnson City Medical Center	418	LAPRSOPIC CHOLECYSTECTOMY W/O CDE W CC	3.82	0.00%	4.26%	\$7,159.30
Johnson City Medical Center	602	CELLULITIS W MCC	5.11	0.00%	18.60%	\$6,455.27
Johnson City Medical Center	896	ALC/DRUG ABUSE OR DEPEND W/O REHAB WMCC	3.03	0.00%	9.52%	\$3,244.71
Johnson City Medical Center	74	CRANIAL & PERIPHERAL NERVE DISORDRS W/OMCC	2.76	0.00%	21.05%	\$7,559.39
Johnson City Medical Center	254	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.33	0.00%	2.22%	\$4,891.55
Johnson City Medical Center	283	ACUTE MYOCARDIAL INFARCTION, EXPIRD WMCC	2.97	100.00%	N/A	\$5,899.88
Johnson City Medical Center	467	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.74	0.00%	11.63%	\$7,606.12
Johnson City Medical Center	165	MAJOR CHEST PROCEDURES W/O CC/MCC	2.15	0.00%	2.22%	\$7,940.70
Johnson City Medical Center	242	PERMANENT CARDIAC PACEMAKER IMPLANT WMCC	6.24	8.89%	9.76%	\$6,109.06
Johnson City Medical Center	605	SKIN, SUBCUT TISS & BREAST TRAUMA W/OMCC	2.51	0.00%	8.89%	\$6,671.25
Johnson City Medical Center	833	OTH ANTEPART DIAG W/O O.R. PX W/O CC/MCC	2.06	0.00%	0.00%	\$26,971.71
Johnson City Medical Center	25	CRANIOTOMY & ENDOVASC INTRACRANIAL PX WMCC	9.54	9.30%	17.24%	\$7,337.90
Johnson City Medical Center	163	MAJOR CHEST PROCEDURES W MCC	9.87	9.09%	20.00%	\$6,759.44
Johnson City Medical Center	784	CESAREAN SECT W STERILIZATION W CC	2.70	0.00%	0.00%	\$8,582.99
Johnson City Medical Center	948	SIGNS & SYMPTOMS W/O MCC	2.44	0.00%	5.88%	\$6,640.34
Johnson City Medical Center	445	DISORDERS OF THE BILIARY TRACT W CC	3.16	2.33%	12.50%	\$8,142.43
Johnson City Medical Center	847	CHEMO W/O ACUTE LEUKEMIA SECONDR DX W CC	3.57	0.00%	N/A	\$9,492.74
Johnson City Medical Center	4	TRCH WMV >96HR/PDXEXCFCE/MTH & NCKW/O MJOR	16.47	9.76%	11.11%	\$4,374.04
Johnson City Medical Center	87	TRAUM STUPOR&COMA, COMA <1 HR W/OCC/MCC	1.70	2.38%	7.50%	\$5,911.42
Johnson City Medical Center	417	LAPRSOPIC CHOLECYSTECTOMY W/O CDE W MCC	5.48	4.88%	13.16%	\$5,806.50
Johnson City Medical Center	293	HEART FAILURE & SHOCK W/O CC/MCC	1.88	2.50%	15.79%	\$4,442.00
Johnson City Medical Center	766	CESAREAN SECTION W/O CC/MCC	2.68	0.00%	2.50%	N/A
Johnson City Medical Center	832	OTH ANTEPART DIAG W/O O.R. PX W CC	2.67	0.00%	0.00%	\$18,840.43
Johnson City Medical Center	862	POSTOP & POST-TRAUMATIC INFECTIONS W MCC	4.92	2.63%	18.92%	\$5,755.20
Johnson City Medical Center	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	6.84	2.56%	9.68%	\$4,921.21
Johnson City Medical Center	438	DISORDER OF PANCREAS EXC MALIGNANCY WMCC	4.66	5.26%	33.33%	\$5,458.98
Johnson City Medical Center	70	NONSPEC CEREBROVASCULAR DISORDERS WMCC	4.62	13.16%	9.68%	\$5,694.00

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnson City Medical Center	180	RESPIRATORY NEOPLASMS W MCC	5.77	13.16%	20.00%	\$8,711.30
Johnson City Medical Center	54	NERVOUS SYSTEM NEOPLASMS W MCC	5.22	13.16%	25.00%	\$8,679.11
Johnson City Medical Center	267	ENDOVASC CARD VALV REPL W/OMCC	1.80	0.00%	2.70%	\$7,139.21
Johnson City Medical Center	371	MJR GI DISORDRS & PERITONEAL INFECT WMCC	5.55	0.00%	13.51%	\$5,306.09
Johnson City Medical Center	393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	5.63	10.81%	18.18%	\$8,002.94
Johnson City Medical Center	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.47	0.00%	8.11%	\$7,117.78
Johnson City Medical Center	91	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	4.68	30.56%	16.00%	\$8,131.85
Johnson City Medical Center	200	PNEUMOTHORAX W CC	2.98	0.00%	11.11%	\$7,397.63
Johnson City Medical Center	233	CORONARY BYPASS W CARDIAC CATH W MCC	11.24	8.11%	11.76%	\$6,367.63
Johnson City Medical Center	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	5.79	100.00%	N/A	\$18,894.71
Johnson City Medical Center	919	COMPLICATIONS OF TREATMENT W MCC	4.00	5.41%	14.29%	\$6,066.30
Johnson City Medical Center	328	STOMACH, ESOPH & DUODENAL PROC W/OCC/MCC	3.00	0.00%	5.56%	\$5,709.98
Johnson City Medical Center	809	MJR HEM/IMM DX EXC SCKL CL CRS & COAG W CC	3.66	0.00%	12.12%	\$5,291.36
Johnson City Medical Center	234	CORONARY BYPASS W CARDIAC CATH W/O MCC	7.95	0.00%	11.43%	\$7,408.96
Johnson City Medical Center	270	OTHER MAJ CARDIO PX W MCC	7.44	20.00%	34.62%	\$7,225.19
Johnson City Medical Center	390	G.I. OBSTRUCTION W/O CC/MCC	2.32	0.00%	6.06%	\$5,364.03
Johnson City Medical Center	813	COAGULATION DISORDERS	3.65	2.94%	16.13%	\$9,944.83

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case	TOP 10 & TOP 80% HOSPITAL DIAGNOSES
Johnson County Community Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.21	0.00%	0.00%	\$7,442.51	
Johnson County Community Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.11	0.00%	0.00%	\$9,539.21	
Johnson County Community Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	2.00	0.00%	0.00%	\$10,358.61	
Johnson County Community Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.00	0.00%	0.00%	\$8,741.26	
Johnson County Community Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	1.00	0.00%	0.00%	\$12,228.62	
Johnson County Community Hospital	603	CELLULITIS W/O MCC	2.83	0.00%	0.00%	\$8,633.95	
Johnson County Community Hospital	948	SIGNS & SYMPTOMS W/O MCC	3.00	0.00%	0.00%	\$10,559.47	
Johnson County Community Hospital	153	OTITIS MEDIA & URI W/O MCC	1.00	0.00%	0.00%	\$8,663.95	
Johnson County Community Hospital	179	RESPIRATRY INFECT & INFLAMMATNS W/OCC/MCC	2.00	N/A	N/A	\$6,365.71	
Johnson County Community Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	3.00	0.00%	0.00%	N/A	
Johnson County Community Hospital	203	BRONCHITIS & ASTHMA W/O CC/MCC	2.00	0.00%	0.00%	\$12,700.14	
Johnson County Community Hospital	388	G.I. OBSTRUCTION W MCC	2.00	0.00%	0.00%	\$3,908.02	
Johnson County Community Hospital	544	PATH FX & MSCLSKLT & CN TS MALIG W/OCC/MCC	3.00	0.00%	0.00%	\$13,906.56	
Johnson County Community Hospital	638	DIABETES W CC	1.00	0.00%	0.00%	\$10,272.87	
Johnson County Community Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.00	0.00%	0.00%	\$7,258.94	
Johnson County Community Hospital	683	RENAL FAILURE W CC	2.00	0.00%	0.00%	\$6,117.52	
Johnson County Community Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.00	0.00%	0.00%	\$8,267.22	
Johnson County Community Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	1.00	N/A	N/A	\$2,312.00	
Johnson County Community Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	3.00	0.00%	0.00%	\$7,011.11	

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case	TOP 10 HOSPITAL DIAGNOSES
Johnston Memorial Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.81	10.31%	12.34%	\$5,032.08	
Johnston Memorial Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.63	1.07%	11.48%	\$4,691.27	
Johnston Memorial Hospital	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.20	0.00%	0.00%	\$2,732.36	
Johnston Memorial Hospital	795	NORMAL NEWBORN	1.85	0.00%	N/A	\$16,724.51	
Johnston Memorial Hospital	807	VAG DELIV W/O STERILIZATION/D&C W/O CC/M	2.05	0.00%	0.00%	\$9,902.99	
Johnston Memorial Hospital	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	1.92	0.00%	4.57%	\$6,023.79	
Johnston Memorial Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.92	1.12%	20.57%	\$5,774.11	
Johnston Memorial Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.17	1.33%	15.65%	\$5,343.03	
Johnston Memorial Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.20	0.00%	13.18%	\$6,623.70	
Johnston Memorial Hospital	378	G.I. HEMORRHAGE W CC	2.57	2.42%	17.95%	\$6,786.35	
Johnston Memorial Hospital	291	HEART FAILURE & SHOCK W MCC	3.09	7.44%	22.73%	\$5,313.89	
Johnston Memorial Hospital	683	RENAL FAILURE W CC	2.43	1.79%	9.52%	\$5,159.15	
Johnston Memorial Hospital	603	CELLULITIS W/O MCC	2.28	0.00%	3.16%	\$4,952.09	
Johnston Memorial Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.68	10.42%	20.24%	\$5,421.88	
Johnston Memorial Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.30	0.00%	9.47%	\$5,825.94	
Johnston Memorial Hospital	682	RENAL FAILURE W MCC	4.24	11.49%	17.11%	\$6,005.70	
Johnston Memorial Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.56	0.00%	16.67%	\$5,891.72	
Johnston Memorial Hospital	775	VAGINAL DELIVERY W/O COMPLICATING DX	1.89	0.00%	0.00%	N/A	
Johnston Memorial Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	7.23	18.67%	24.59%	\$4,817.15	
Johnston Memorial Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.07	0.00%	16.90%	\$5,493.99	
Johnston Memorial Hospital	377	G.I. HEMORRHAGE W MCC	3.97	1.47%	23.88%	\$5,872.78	
Johnston Memorial Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	4.50	12.68%	26.23%	\$5,307.21	
Johnston Memorial Hospital	793	FULL TERM NEONATE W MAJOR PROBLEMS	3.25	0.00%	N/A	\$1,547.23	
Johnston Memorial Hospital	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.45	0.00%	1.43%	\$9,122.11	
Johnston Memorial Hospital	247	PERC CRDVSC PX W DRUG-ELUT STENT W/O MCC	1.82	0.00%	5.97%	\$6,077.14	
Johnston Memorial Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.11	0.00%	22.22%	\$6,834.37	
Johnston Memorial Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	4.34	0.00%	7.58%	\$5,114.19	
Johnston Memorial Hospital	638	DIABETES W CC	2.41	0.00%	11.11%	\$6,579.10	
Johnston Memorial Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	3.51	0.00%	21.82%	\$5,648.26	

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnston Memorial Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.20	0.00%	20.34%	\$5,345.37
Johnston Memorial Hospital	281	ACUTE MI DISCHARGED ALIVE W CC	1.77	0.00%	9.30%	\$6,197.84
Johnston Memorial Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	2.14	0.00%	7.69%	\$5,152.76
Johnston Memorial Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	2.77	8.93%	22.00%	\$5,800.11
Johnston Memorial Hospital	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.58	0.00%	3.70%	\$6,142.20
Johnston Memorial Hospital	806	VAG DELIV W/O STERILIZATION/D&C W CC	2.27	0.00%	0.00%	\$9,165.77
Johnston Memorial Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	1.92	0.00%	7.69%	\$4,662.41
Johnston Memorial Hospital	287	CIRC DISORDRS EXC AMI, W CRD CATH W/O MCC	1.58	0.00%	2.63%	\$6,000.11
Johnston Memorial Hospital	389	G.I. OBSTRUCTION W CC	2.87	0.00%	10.42%	\$6,086.86
Johnston Memorial Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	4.32	2.33%	14.29%	\$6,073.78
Johnston Memorial Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	4.07	15.38%	9.09%	\$8,316.00
Johnston Memorial Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	4.32	51.43%	29.41%	\$7,799.45
Johnston Memorial Hospital	282	ACUTE MI DISCHARGED ALIVE W/O CC/MCC	1.28	0.00%	4.00%	\$6,354.76
Johnston Memorial Hospital	175	PULMONARY EMBOLISM W MCC	3.00	2.50%	5.13%	\$6,486.43
Johnston Memorial Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.74	2.56%	18.92%	\$6,883.63
Johnston Memorial Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	5.21	0.00%	14.63%	\$6,541.59
Johnston Memorial Hospital	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.61	2.63%	17.14%	\$6,221.18
Johnston Memorial Hospital	310	CARD ARRHYTH&CONDUCT DISORDERS W/OCC/MCC	1.30	0.00%	12.50%	\$5,511.79
Johnston Memorial Hospital	329	MAJOR SMALL & LARGE BOWEL PX W MCC	9.94	5.56%	14.71%	\$6,014.99
Johnston Memorial Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.57	0.00%	9.09%	\$4,704.63
Johnston Memorial Hospital	766	CESAREAN SECTION W/O CC/MCC	2.18	0.00%	2.86%	N/A
Johnston Memorial Hospital	743	UTERINE & ADNEXA PX NONMALIGNANCY W/OCC/MCC	1.80	0.00%	5.88%	\$6,947.73
Johnston Memorial Hospital	637	DIABETES W MCC	3.19	0.00%	24.14%	\$6,675.16
Johnston Memorial Hospital	787	CESAREAN SECT W/O STERILIZATION W CC	2.58	0.00%	0.00%	\$7,824.83
Johnston Memorial Hospital	305	HYPERTENSION W/O MCC	1.77	0.00%	10.00%	\$6,132.12
Johnston Memorial Hospital	292	HEART FAILURE & SHOCK W CC	2.15	3.33%	20.69%	\$5,059.29
Johnston Memorial Hospital	176	PULMONARY EMBOLISM W/O MCC	2.34	6.90%	3.70%	\$7,158.69
Johnston Memorial Hospital	312	SYNCOPE & COLLAPSE	1.96	0.00%	3.45%	\$7,189.67
Johnston Memorial Hospital	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	3.67	0.00%	0.00%	\$6,942.25
Johnston Memorial Hospital	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	3.36	14.81%	13.04%	\$6,625.74

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnston Memorial Hospital	418	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	2.93	0.00%	17.86%	\$5,830.75
Johnston Memorial Hospital	441	DSRDRS LIVER EXC MALG, CIRRH, ALC HEPA WMCC	3.62	17.86%	17.39%	\$4,980.77
Johnston Memorial Hospital	64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	3.22	12.00%	13.64%	\$4,650.35
Johnston Memorial Hospital	101	SEIZURES W/O MCC	1.97	4.00%	4.35%	\$4,620.36
Johnston Memorial Hospital	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	3.46	4.35%	9.52%	\$5,512.01
Johnston Memorial Hospital	69	TRANSIENT ISCHEMIA	1.38	0.00%	16.00%	\$5,298.30
Johnston Memorial Hospital	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.37	0.00%	3.85%	\$8,911.93
Johnston Memorial Hospital	438	DISORDER OF PANCREAS EXC MALIGNANCY WMCC	4.52	4.35%	20.00%	\$5,612.26
Johnston Memorial Hospital	536	FRACTURES OF HIP & PELVIS W/O MCC	2.61	0.00%	10.53%	\$6,093.00
Johnston Memorial Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	2.08	4.17%	13.04%	\$5,641.03
Johnston Memorial Hospital	70	NONSPEC CEREBROVASCULAR DISORDERS WMCC	3.84	22.73%	11.76%	\$6,221.91
Johnston Memorial Hospital	71	NONSPECIFIC CEREBROVASCULAR DISORDERS WCC	2.68	4.35%	4.76%	\$5,971.05
Johnston Memorial Hospital	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	5.54	8.70%	11.76%	\$5,140.45
Johnston Memorial Hospital	417	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W MCC	4.16	4.55%	9.52%	\$4,925.59
Johnston Memorial Hospital	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.43	N/A	N/A	\$1,954.10
Johnston Memorial Hospital	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	10.33	52.38%	0.00%	\$5,515.00
Johnston Memorial Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	3.07	0.00%	4.55%	\$5,967.18
Johnston Memorial Hospital	390	G.I. OBSTRUCTION W/O CC/MCC	1.79	0.00%	4.35%	\$5,194.51
Johnston Memorial Hospital	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	2.80	4.55%	20.00%	\$6,057.52
Johnston Memorial Hospital	469	MJR JNT RPLCMNT/RTTHMNT OF LWR EXT WMCC	6.33	5.00%	10.53%	N/A
Johnston Memorial Hospital	313	CHEST PAIN	1.40	0.00%	0.00%	\$5,805.95
Johnston Memorial Hospital	66	INTRCRNIAL HEM/CEREBRL INFARCT W/OCC/MCC	1.54	5.00%	0.00%	\$5,391.67
Johnston Memorial Hospital	100	SEIZURES W MCC	2.78	0.00%	11.11%	\$4,040.21
Johnston Memorial Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.47	0.00%	0.00%	\$5,888.65
Johnston Memorial Hospital	480	HIP & FEMUR PX EXCEPT MAJOR JOINT W MCC	6.89	0.00%	25.00%	\$6,106.41
Johnston Memorial Hospital	563	FX, SPN, STN & DSL EX FMR, HP, PLVS&TGH W/OMCC	2.29	0.00%	0.00%	\$5,103.78
Johnston Memorial Hospital	186	PLEURAL EFFUSION W MCC	3.59	0.00%	5.88%	\$5,910.63
Johnston Memorial Hospital	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	2.25	0.00%	0.00%	\$5,678.78
Johnston Memorial Hospital	639	DIABETES W/O CC/MCC	1.21	0.00%	25.00%	\$4,631.43
Johnston Memorial Hospital	246	PRC CRDVSCPX W DRGELT ST WMCC OR 4+VS/ST	3.50	5.26%	22.22%	\$5,526.77
Johnston Memorial Hospital	300	PERIPHERAL VASCULAR DISORDERS W CC	2.39	0.00%	25.00%	\$6,367.92

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Johnston Memorial Hospital	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	2.28	0.00%	21.05%	\$5,475.67
Johnston Memorial Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.88	0.00%	5.56%	\$5,674.63
Johnston Memorial Hospital	948	SIGNS & SYMPTOMS W/O MCC	1.89	0.00%	10.53%	\$5,565.37
Johnston Memorial Hospital	207	RESPIRATORY SYS DX W VENT SUPPORT >96HRS	12.09	58.82%	0.00%	\$6,918.79
Johnston Memorial Hospital	286	CIRC DISORDERS EXC AMI, W CARD CATH WMCC	2.84	0.00%	0.00%	\$4,571.64
Johnston Memorial Hospital	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	5.16	29.41%	18.18%	\$6,465.68
Johnston Memorial Hospital	446	DISORDERS OF THE BILIARY TRACT W/OCC/MCC	1.81	0.00%	11.76%	\$8,031.51
Johnston Memorial Hospital	315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.81	0.00%	15.38%	\$4,279.86
Johnston Memorial Hospital	386	INFLAMMATORY BOWEL DISEASE W CC	2.58	0.00%	12.50%	\$6,125.31
Johnston Memorial Hospital	388	G.I. OBSTRUCTION W MCC	5.25	11.76%	6.67%	\$6,333.63
Johnston Memorial Hospital	445	DISORDERS OF THE BILIARY TRACT W CC	2.55	0.00%	6.25%	\$6,129.42
Johnston Memorial Hospital	580	OTHER SKIN, SUBCUT TISS & BREAST PX W CC	4.18	0.00%	5.88%	\$5,193.03
Johnston Memorial Hospital	896	ALC/DRUG ABUSE OR DEPEND W/O REHAB WMCC	3.92	0.00%	6.25%	\$5,120.89

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Lonesome Pine Hospital	795	NORMAL NEWBORN	1.76	0.00%	N/A	\$9,822.75
Lonesome Pine Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.27	6.82%	8.86%	\$4,502.36
Lonesome Pine Hospital	807	VAG DELIV W/O STERILIZATION/D & C W/O CC/M	2.00	0.00%	0.00%	\$20,068.69
Lonesome Pine Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.68	0.00%	0.00%	\$4,875.36
Lonesome Pine Hospital	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.33	N/A	N/A	\$1,285.79
Lonesome Pine Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.26	0.00%	3.70%	\$4,176.37
Lonesome Pine Hospital	775	VAGINAL DELIVERY W/O COMPLICATING DX	1.86	0.00%	0.00%	\$16,350.61
Lonesome Pine Hospital	291	HEART FAILURE & SHOCK W MCC	4.06	0.00%	4.17%	\$5,762.09
Lonesome Pine Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.89	0.00%	4.55%	\$5,230.94
Lonesome Pine Hospital	682	RENAL FAILURE W MCC	3.20	0.00%	4.35%	\$4,085.74
Lonesome Pine Hospital	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	2.25	0.00%	4.55%	\$6,595.57
Lonesome Pine Hospital	683	RENAL FAILURE W CC	1.97	0.00%	11.11%	\$3,938.66
Lonesome Pine Hospital	806	VAG DELIV W/O STERILIZATION/D&C W CC	2.45	0.00%	0.00%	\$19,294.88
Lonesome Pine Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR W/O MCC	2.09	0.00%	0.00%	\$5,502.65
Lonesome Pine Hospital	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.01	0.00%	0.00%	\$7,688.40
Lonesome Pine Hospital	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2.42	0.00%	N/A	\$2,288.74
Lonesome Pine Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	1.72	0.00%	14.29%	\$4,692.12
Lonesome Pine Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	3.74	0.00%	14.29%	\$4,154.73
Lonesome Pine Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.31	0.00%	0.00%	\$5,242.17
Lonesome Pine Hospital	638	DIABETES W CC	2.32	0.00%	25.00%	\$5,041.53
Lonesome Pine Hospital	603	CELLULITIS W/O MCC	2.60	0.00%	0.00%	\$5,024.53
Lonesome Pine Hospital	805	VAG DELIV W/O STERILIZATION/D&C W MCC	2.04	0.00%	0.00%	\$12,226.30
Lonesome Pine Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.22	0.00%	0.00%	\$4,512.07
Lonesome Pine Hospital	153	OTITIS MEDIA & URI W/O MCC	1.97	0.00%	0.00%	\$4,777.14
Lonesome Pine Hospital	483	MJR JNT & LMB REATTCHMNT PX UP EXT	2.19	0.00%	0.00%	\$5,457.35
Lonesome Pine Hospital	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.08	0.00%	0.00%	\$9,481.25
Lonesome Pine Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	2.97	0.00%	0.00%	\$3,257.25
Lonesome Pine Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.03	0.00%	0.00%	\$5,038.82
Lonesome Pine Hospital	378	G.I. HEMORRHAGE W CC	2.29	0.00%	0.00%	\$6,073.98

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Lonesome Pine Hospital	389	G.I. OBSTRUCTION W CC	2.84	0.00%	14.29%	\$6,980.88
Lonesome Pine Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	4.14	12.50%	0.00%	\$8,226.88
Lonesome Pine Hospital	768	VAGINAL DELV W OR PX EXC STERIL &/OR D&C	2.77	0.00%	0.00%	\$13,114.37
Lonesome Pine Hospital	787	CESAREAN SECT W/O STERILIZATION W CC	2.21	0.00%	0.00%	\$6,676.53
Lonesome Pine Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	6.99	14.29%	0.00%	\$3,862.67
Lonesome Pine Hospital	151	EPISTAXIS W/O MCC	1.87	0.00%	0.00%	\$5,006.68
Lonesome Pine Hospital	281	ACUTE MI DISCHARGED ALIVE W CC	2.03	0.00%	0.00%	\$4,364.09
Lonesome Pine Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.03	0.00%	0.00%	\$6,422.78
Lonesome Pine Hospital	493	LWR EXT & HUMER PX EXC HIP, FOOT, FEMUR W CC	2.43	0.00%	0.00%	\$5,327.54
Lonesome Pine Hospital	793	FULL TERM NEONATE W MAJOR PROBLEMS	3.41	0.00%	N/A	\$1,370.72
Lonesome Pine Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	1.35	0.00%	16.67%	\$3,283.79
Lonesome Pine Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.24	0.00%	16.67%	\$4,548.58
Lonesome Pine Hospital	766	CESAREAN SECTION W/O CC/MCC	2.08	0.00%	0.00%	\$7,816.35
Lonesome Pine Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	1.51	0.00%	0.00%	\$5,043.70
Lonesome Pine Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	2.88	0.00%	33.33%	\$4,810.34
Lonesome Pine Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.27	0.00%	0.00%	\$5,236.03
Lonesome Pine Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	1.74	0.00%	0.00%	\$5,268.78
Lonesome Pine Hospital	329	MAJOR SMALL & LARGE BOWEL PX W MCC	7.28	0.00%	0.00%	\$4,284.90
Lonesome Pine Hospital	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	2.00	0.00%	0.00%	\$6,097.31
Lonesome Pine Hospital	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.69	0.00%	0.00%	\$6,876.91
Lonesome Pine Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.99	0.00%	0.00%	\$4,720.24
Lonesome Pine Hospital	743	UTERINE & ADNEXA PX NONMALIGNACY W/OCC/MCC	1.89	0.00%	0.00%	\$8,121.79
Lonesome Pine Hospital	774	VAGINAL DELIVERY W COMPLICATING DX	1.43	0.00%	0.00%	\$9,704.12
Lonesome Pine Hospital	784	CESAREAN SECT W STERILIZATION W CC	2.05	0.00%	0.00%	\$7,351.57
Lonesome Pine Hospital	811	RED BLOOD CELL DISORDERS W MCC	2.17	0.00%	25.00%	\$4,207.97
Lonesome Pine Hospital	71	NONSPECIFC CEREBROVASCULAR DISORDERS WCC	2.34	0.00%	0.00%	\$4,917.27
Lonesome Pine Hospital	176	PULMONARY EMBOLISM W/O MCC	1.41	0.00%	0.00%	\$2,984.17
Lonesome Pine Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.57	0.00%	0.00%	\$4,879.01
Lonesome Pine Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	2.11	0.00%	0.00%	\$3,384.87
Lonesome Pine Hospital	292	HEART FAILURE & SHOCK W CC	1.41	0.00%	0.00%	\$3,313.27

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Lonesome Pine Hospital	293	HEART FAILURE & SHOCK W/O CC/MCC	2.00	0.00%	0.00%	\$3,931.21
Lonesome Pine Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	7.11	0.00%	33.33%	\$6,284.53
Lonesome Pine Hospital	540	OSTEOMYELITIS W CC	4.12	0.00%	33.33%	\$6,336.53
Lonesome Pine Hospital	558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	2.99	0.00%	0.00%	\$5,332.23
Lonesome Pine Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	3.46	0.00%	0.00%	\$7,206.18
Lonesome Pine Hospital	765	CESAREAN SECTION W CC/MCC	1.68	0.00%	0.00%	\$4,518.79
Lonesome Pine Hospital	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	8.27	33.33%	0.00%	\$3,643.69

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case	TOP 10 HOSPITAL DIAGNOSES
Mountain View Regional Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.17	14.29%	6.67%	\$4,512.56	
Mountain View Regional Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.37	4.00%	4.44%	\$4,461.66	
Mountain View Regional Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	2.90	2.63%	10.81%	\$5,227.08	
Mountain View Regional Hospital	556	SIGNS & SYMP MSCLSKLTL SYS & CONN TIS W/OMCC	12.62	0.00%	0.00%	\$19,758.69	
Mountain View Regional Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.66	0.00%	0.00%	\$5,483.56	
Mountain View Regional Hospital	291	HEART FAILURE & SHOCK W MCC	2.65	0.00%	21.43%	\$4,394.12	
Mountain View Regional Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	5.52	0.00%	6.67%	\$9,675.59	
Mountain View Regional Hospital	638	DIABETES W CC	2.38	0.00%	4.35%	\$6,679.52	
Mountain View Regional Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.14	0.00%	4.55%	\$4,597.39	
Mountain View Regional Hospital	683	RENAL FAILURE W CC	1.96	0.00%	9.09%	\$4,065.57	
Mountain View Regional Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.44	0.00%	5.88%	\$5,396.89	
Mountain View Regional Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.63	0.00%	7.14%	\$6,956.70	
Mountain View Regional Hospital	561	AFTERCRE, MSCLSKLTL SYS & CON TIS W/OCC/MCC	13.78	0.00%	N/A	\$18,989.81	
Mountain View Regional Hospital	603	CELLULITIS W/O MCC	3.33	0.00%	10.00%	\$6,131.14	
Mountain View Regional Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.57	0.00%	7.14%	\$6,465.23	
Mountain View Regional Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.25	0.00%	0.00%	\$6,075.98	
Mountain View Regional Hospital	560	AFTERCARE, MUSCLSKLTL SYS & CONN TISS W CC	19.27	0.00%	N/A	\$21,859.09	
Mountain View Regional Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.32	0.00%	7.69%	\$7,283.16	
Mountain View Regional Hospital	555	SIGNS & SYMP MSCLSKLTL SYS & CONN TISS WMCC	11.07	0.00%	N/A	\$10,508.11	
Mountain View Regional Hospital	682	RENAL FAILURE W MCC	2.04	10.00%	22.22%	\$3,010.73	
Mountain View Regional Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.32	0.00%	10.00%	\$5,282.98	
Mountain View Regional Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.93	0.00%	0.00%	\$6,415.85	
Mountain View Regional Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	3.50	0.00%	0.00%	\$4,238.92	
Mountain View Regional Hospital	281	ACUTE MI DISCHARGED ALIVE W CC	1.88	0.00%	0.00%	\$4,966.16	
Mountain View Regional Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.29	0.00%	0.00%	\$6,259.65	
Mountain View Regional Hospital	949	AFTERCARE W CC/MCC	21.02	12.50%	N/A	\$21,392.31	
Mountain View Regional Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	3.61	0.00%	0.00%	\$9,298.11	
Mountain View Regional Hospital	292	HEART FAILURE & SHOCK W CC	3.51	0.00%	0.00%	\$4,430.08	
Mountain View Regional Hospital	637	DIABETES W MCC	2.33	0.00%	33.33%	\$4,427.70	

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Mountain View Regional Hospital	948	SIGNS & SYMPTOMS W/O MCC	2.86	0.00%	16.67%	\$6,909.24
Mountain View Regional Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	4.22	0.00%	0.00%	\$4,438.59
Mountain View Regional Hospital	175	PULMONARY EMBOLISM W MCC	3.83	0.00%	0.00%	\$6,726.35
Mountain View Regional Hospital	176	PULMONARY EMBOLISM W/O MCC	1.92	0.00%	0.00%	\$4,551.92
Mountain View Regional Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	4.06	0.00%	16.67%	\$6,069.10
Mountain View Regional Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	1.84	0.00%	0.00%	\$4,905.07
Mountain View Regional Hospital	950	AFTERCARE W/O CC/MCC	11.92	0.00%	N/A	\$21,565.62
Mountain View Regional Hospital	305	HYPERTENSION W/O MCC	2.14	0.00%	16.67%	\$5,316.52
Mountain View Regional Hospital	310	CARD ARRHYTH&CONDUCT DISORDERS W/OCC/MCC	1.78	0.00%	0.00%	\$6,071.05
Mountain View Regional Hospital	389	G.I. OBSTRUCTION W CC	2.83	0.00%	0.00%	\$4,861.32
Mountain View Regional Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	3.77	0.00%	25.00%	\$6,676.52
Mountain View Regional Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	1.51	0.00%	0.00%	\$5,349.93

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Norton Community Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.09	5.13%	11.22%	\$4,961.58
Norton Community Hospital	795	NORMAL NEWBORN	2.00	0.00%	N/A	\$26,020.37
Norton Community Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.26	0.00%	7.21%	\$5,004.58
Norton Community Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.34	0.00%	12.24%	\$5,629.12
Norton Community Hospital	291	HEART FAILURE & SHOCK W MCC	2.86	2.60%	16.67%	N/A
Norton Community Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	2.66	1.56%	15.52%	\$5,423.34
Norton Community Hospital	807	VAG DELIV W/O STERILIZATION/D & C W/O CC/M	2.06	0.00%	0.00%	\$16,079.20
Norton Community Hospital	638	DIABETES W CC	2.93	0.00%	13.89%	\$10,916.36
Norton Community Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.46	0.00%	20.00%	\$7,754.53
Norton Community Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	6.01	2.50%	11.76%	\$18,490.16
Norton Community Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.84	0.00%	26.67%	\$5,049.52
Norton Community Hospital	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	3.03	0.00%	N/A	\$5,794.78
Norton Community Hospital	603	CELLULITIS W/O MCC	1.94	0.00%	2.86%	\$6,032.13
Norton Community Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	4.10	6.45%	8.00%	\$6,270.63
Norton Community Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	1.52	0.00%	6.06%	\$5,600.90
Norton Community Hospital	683	RENAL FAILURE W CC	2.13	3.23%	10.00%	\$5,618.26
Norton Community Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	3.69	3.13%	12.00%	\$9,082.67
Norton Community Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	3.49	0.00%	13.33%	\$4,942.98
Norton Community Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	3.34	0.00%	14.29%	\$4,831.90
Norton Community Hospital	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	1.78	0.00%	0.00%	\$5,937.97
Norton Community Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	6.06	5.56%	29.41%	\$4,624.15
Norton Community Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	2.89	0.00%	17.39%	\$5,760.02
Norton Community Hospital	775	VAGINAL DELIVERY W/O COMPLICATING DX	2.09	0.00%	0.00%	N/A
Norton Community Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.18	0.00%	23.81%	\$8,666.50
Norton Community Hospital	300	PERIPHERAL VASCULAR DISORDERS W CC	8.03	0.00%	20.00%	\$20,584.93
Norton Community Hospital	536	FRACTURES OF HIP & PELVIS W/O MCC	11.93	0.00%	0.00%	\$29,913.03
Norton Community Hospital	377	G.I. HEMORRHAGE W MCC	4.04	4.55%	23.81%	\$7,296.73
Norton Community Hospital	378	G.I. HEMORRHAGE W CC	1.58	4.55%	5.26%	\$6,867.44
Norton Community Hospital	637	DIABETES W MCC	3.88	0.00%	35.29%	\$8,739.10

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Norton Community Hospital	788	CESAREAN SECT W/O STERILIZATION W/O CC/M	2.08	0.00%	4.55%	\$10,665.80
Norton Community Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	3.13	5.88%	0.00%	\$7,882.01
Norton Community Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.52	0.00%	11.76%	\$8,698.45
Norton Community Hospital	682	RENAL FAILURE W MCC	3.19	5.88%	6.25%	\$5,642.50
Norton Community Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	1.67	0.00%	11.76%	\$5,671.28
Norton Community Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.19	0.00%	16.67%	\$6,558.73
Norton Community Hospital	281	ACUTE MI DISCHARGED ALIVE W CC	1.58	0.00%	0.00%	\$4,121.77
Norton Community Hospital	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	3.08	6.67%	25.00%	\$8,935.12
Norton Community Hospital	766	CESAREAN SECTION W/O CC/MCC	2.21	0.00%	0.00%	N/A
Norton Community Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.65	0.00%	27.27%	\$9,880.88
Norton Community Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	3.72	10.00%	11.11%	\$6,200.98
Norton Community Hospital	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	2.80	0.00%	0.00%	\$8,213.86
Norton Community Hospital	806	VAG DELIV W/O STERILIZATION/D & C W CC	1.87	0.00%	0.00%	\$13,122.89
Norton Community Hospital	64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	5.36	7.69%	14.29%	\$9,771.83
Norton Community Hospital	329	MAJOR SMALL & LARGE BOWEL PX W MCC	11.05	0.00%	16.67%	\$7,007.33
Norton Community Hospital	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	3.01	0.00%	11.11%	\$7,336.82
Norton Community Hospital	743	UTERINE & ADNEXA PX NONMALIGNACY W/OCC/MCC	1.64	0.00%	0.00%	\$7,990.94
Norton Community Hospital	389	G.I. OBSTRUCTION W CC	1.77	7.69%	18.18%	\$4,768.56
Norton Community Hospital	418	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	1.93	0.00%	8.33%	\$5,812.86
Norton Community Hospital	441	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA WMCC	3.56	27.27%	37.50%	\$4,021.15
Norton Community Hospital	57	DEGENERATIV NRVOUS SYSTM DISORDRS W/OMCC	8.94	0.00%	0.00%	\$19,491.82
Norton Community Hospital	343	APPENDECTOMY W/O COMPLICTD PDX W/OCC/MCC	1.19	0.00%	8.33%	\$5,513.76
Norton Community Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.04	0.00%	0.00%	\$4,840.16
Norton Community Hospital	787	CESAREAN SECT W/O STERILIZATION W CC	2.14	0.00%	0.00%	\$8,832.90
Norton Community Hospital	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	2.63	0.00%	9.09%	\$4,874.74
Norton Community Hospital	175	PULMONARY EMBOLISM W MCC	2.61	0.00%	0.00%	\$5,164.72
Norton Community Hospital	292	HEART FAILURE & SHOCK W CC	2.23	0.00%	33.33%	\$6,550.66
Norton Community Hospital	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.13	0.00%	0.00%	\$10,245.56
Norton Community Hospital	543	PATH FX & MSCLSKLT & CONN TISS MALIG W CC	4.72	0.00%	0.00%	\$14,662.75
Norton Community Hospital	552	MEDICAL BACK PROBLEMS W/O MCC	7.80	0.00%	0.00%	\$22,839.51

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Norton Community Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	2.34	10.00%	37.50%	\$4,865.01
Norton Community Hospital	785	CESAREAN SECT W STERILIZATION W/O CC/MCC	2.08	0.00%	0.00%	\$9,790.18
Norton Community Hospital	789	NEONATES, DIED/TRANS ANTHR ACUTE CARE FAC	1.28	N/A	N/A	\$2,351.02
Norton Community Hospital	798	VAGINAL DELIVERY W STERILIZATN/D&C W/O C	1.81	0.00%	0.00%	\$12,245.48
Norton Community Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.26	0.00%	0.00%	\$4,475.67
Norton Community Hospital	417	LAPRSCOPIC CHOLECYSTECTOMY W/O CDE W MCC	2.83	0.00%	0.00%	\$4,368.79
Norton Community Hospital	811	RED BLOOD CELL DISORDERS W MCC	1.08	0.00%	0.00%	\$3,344.32
Norton Community Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	1.74	0.00%	11.11%	\$5,465.35
Norton Community Hospital	870	SEPTICEMIA OR SEVERE SEPSIS WMV >96 HOUR	10.62	37.50%	20.00%	N/A
Norton Community Hospital	92	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.83	0.00%	0.00%	\$6,002.60
Norton Community Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	6.52	0.00%	0.00%	\$7,343.61
Norton Community Hospital	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	4.81	0.00%	12.50%	\$7,881.93
Norton Community Hospital	371	MJR GI DISORDRS & PERITONEAL INFECT WMCC	3.76	0.00%	33.33%	\$6,074.38
Norton Community Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	2.81	0.00%	0.00%	\$6,324.63
Norton Community Hospital	395	OTHER DIGESTIVE SYSTEM DX W/O CC/MCC	1.19	0.00%	0.00%	\$3,531.60
Norton Community Hospital	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	3.74	14.29%	33.33%	\$5,943.80
Norton Community Hospital	535	FRACTURES OF HIP & PELVIS W MCC	12.10	0.00%	N/A	\$19,613.98
Norton Community Hospital	186	PLEURAL EFFUSION W MCC	2.74	0.00%	0.00%	\$4,949.11
Norton Community Hospital	305	HYPERTENSION W/O MCC	2.19	0.00%	14.29%	\$7,774.89
Norton Community Hospital	390	G.I. OBSTRUCTION W/O CC/MCC	1.35	0.00%	14.29%	\$5,671.02
Norton Community Hospital	580	OTHER SKIN, SUBCUT TISS & BREAST PX W CC	2.58	0.00%	16.67%	\$5,108.64
Norton Community Hospital	639	DIABETES W/O CC/MCC	1.67	0.00%	0.00%	\$7,349.26
Norton Community Hospital	694	URINARY STONES W/O ESW LITHOTRIPY W/OMCC	1.10	0.00%	0.00%	\$3,947.14
Norton Community Hospital	774	VAGINAL DELIVERY W COMPLICATING DX	1.74	0.00%	0.00%	N/A

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Russell County Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.07	5.80%	13.85%	\$4,482.13
Russell County Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.74	1.67%	19.30%	\$6,228.52
Russell County Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	2.81	0.00%	19.61%	\$5,685.65
Russell County Hospital	291	HEART FAILURE & SHOCK W MCC	3.46	0.00%	25.00%	\$6,695.22
Russell County Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.11	0.00%	24.24%	\$7,259.95
Russell County Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.51	15.15%	18.52%	\$6,921.51
Russell County Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRW/OMCC	2.20	3.45%	14.81%	\$5,143.18
Russell County Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	1.88	0.00%	23.08%	\$7,330.39
Russell County Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.97	12.50%	15.00%	\$8,157.91
Russell County Hospital	683	RENAL FAILURE W CC	2.00	0.00%	18.75%	\$5,390.90
Russell County Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.38	0.00%	18.75%	\$6,684.11
Russell County Hospital	638	DIABETES W CC	1.71	0.00%	18.75%	\$5,835.88
Russell County Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.08	0.00%	12.50%	\$5,703.12
Russell County Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	1.76	0.00%	6.67%	\$6,053.19
Russell County Hospital	682	RENAL FAILURE W MCC	2.38	6.25%	0.00%	\$4,385.08
Russell County Hospital	639	DIABETES W/O CC/MCC	1.77	0.00%	20.00%	\$7,440.84
Russell County Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	5.23	16.67%	10.00%	\$7,229.50
Russell County Hospital	292	HEART FAILURE & SHOCK W CC	2.86	25.00%	16.67%	\$8,670.27
Russell County Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.45	0.00%	0.00%	\$6,459.68
Russell County Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	2.18	0.00%	0.00%	\$6,834.38
Russell County Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	2.23	0.00%	9.09%	\$7,836.28
Russell County Hospital	312	SYNCOPE & COLLAPSE	1.23	0.00%	0.00%	\$5,324.45
Russell County Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	1.78	0.00%	20.00%	\$4,724.86
Russell County Hospital	603	CELLULITIS W/O MCC	1.92	0.00%	0.00%	\$5,614.23
Russell County Hospital	310	CARD ARRHYTH&CONDUCT DISORDERS W/OCC/MCC	1.64	0.00%	0.00%	\$6,687.63
Russell County Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	2.78	0.00%	20.00%	\$5,721.47
Russell County Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	3.36	0.00%	0.00%	\$5,104.62
Russell County Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.16	0.00%	25.00%	\$4,006.25
Russell County Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	2.31	0.00%	14.29%	\$6,474.95

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Russell County Hospital	378	G.I. HEMORRHAGE W CC	2.07	0.00%	16.67%	\$7,535.22
Russell County Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	2.12	33.33%	0.00%	\$4,351.78
Russell County Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	3.34	16.67%	40.00%	\$4,990.56
Russell County Hospital	313	CHEST PAIN	1.26	0.00%	16.67%	\$5,479.05
Russell County Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	3.09	0.00%	20.00%	\$7,577.45
Russell County Hospital	637	DIABETES W MCC	2.51	0.00%	0.00%	\$6,305.96
Russell County Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.84	0.00%	16.67%	\$7,419.76
Russell County Hospital	948	SIGNS & SYMPTOMS W/O MCC	3.02	16.67%	20.00%	\$8,762.28
Russell County Hospital	71	NONSPECIFC CEREBROVASCULAR DISORDERS WCC	2.46	0.00%	0.00%	\$6,256.44
Russell County Hospital	74	CRANIAL & PERIPHERAL NERVE DISORDRS W/OMCC	2.05	0.00%	0.00%	\$5,115.72
Russell County Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.74	0.00%	20.00%	\$5,496.02
Russell County Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	1.64	0.00%	0.00%	\$5,143.73
Russell County Hospital	442	DSRDRS LIVER EXC MALG, CIRRH, ALC HEPA W CC	1.64	20.00%	0.00%	\$5,513.69
Russell County Hospital	684	RENAL FAILURE W/O CC/MCC	1.89	0.00%	0.00%	\$6,134.24
Russell County Hospital	880	ACUTE ADJSTMNT RXN & PSYCHOSOCIAL DYSFNCTN	3.28	0.00%	N/A	\$7,428.92

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Smyth County Community Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.19	4.08%	9.14%	\$5,087.00
Smyth County Community Hospital	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	1.56	0.80%	6.45%	\$6,690.23
Smyth County Community Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.11	0.00%	6.78%	\$4,856.86
Smyth County Community Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.61	0.00%	12.96%	\$5,966.67
Smyth County Community Hospital	291	HEART FAILURE & SHOCK W MCC	3.13	0.00%	19.15%	N/A
Smyth County Community Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.83	2.00%	20.83%	\$7,548.45
Smyth County Community Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.44	0.00%	10.34%	\$6,942.09
Smyth County Community Hospital	555	SIGNS & SYMP MSCLSKLTL SYS & CONN TISS WMCC	8.69	3.85%	25.00%	\$14,363.07
Smyth County Community Hospital	57	DEGENERATIV NRVOUS SYSTM DISORDRS W/OMCC	11.94	0.00%	100.00%	\$26,020.86
Smyth County Community Hospital	560	AFTERCARE, MUSCLSKLTL SYS & CONN TISS W CC	8.92	0.00%	0.00%	\$19,350.01
Smyth County Community Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.42	0.00%	10.00%	\$7,467.57
Smyth County Community Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	2.08	5.56%	0.00%	\$6,640.81
Smyth County Community Hospital	683	RENAL FAILURE W CC	2.38	0.00%	23.53%	\$6,988.49
Smyth County Community Hospital	462	BILAT/MULT MJR JNT PX OF LWR EXT W/OMCC	2.43	0.00%	0.00%	\$6,125.72
Smyth County Community Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	1.87	0.00%	25.00%	\$6,952.54
Smyth County Community Hospital	556	SIGNS & SYMP MSCLSKLTL SYS & CONN TIS W/OMCC	7.50	0.00%	0.00%	\$24,651.86
Smyth County Community Hospital	603	CELLULITIS W/O MCC	2.39	0.00%	6.67%	\$8,923.48
Smyth County Community Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.14	0.00%	7.14%	\$5,992.85
Smyth County Community Hospital	554	BONE DISEASES & ARTHROPATHIES W/O MCC	7.36	0.00%	0.00%	\$20,358.23
Smyth County Community Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	3.31	7.69%	0.00%	\$7,751.20
Smyth County Community Hospital	682	RENAL FAILURE W MCC	2.99	11.11%	0.00%	\$4,793.79
Smyth County Community Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.15	0.00%	0.00%	\$6,265.27
Smyth County Community Hospital	378	G.I. HEMORRHAGE W CC	1.61	0.00%	10.00%	\$4,892.55
Smyth County Community Hospital	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	2.02	0.00%	20.00%	\$5,775.81
Smyth County Community Hospital	558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	4.40	0.00%	9.09%	\$11,668.26
Smyth County Community Hospital	559	AFTERCARE, MUSCLSKLTL SYS & CONN TISS WMCC	10.97	0.00%	0.00%	\$14,302.04
Smyth County Community Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	2.96	0.00%	20.00%	\$4,386.56
Smyth County Community Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.02	0.00%	11.11%	\$6,300.36
Smyth County Community Hospital	377	G.I. HEMORRHAGE W MCC	3.74	22.22%	0.00%	\$5,857.11
Smyth County Community Hospital	64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	3.76	0.00%	0.00%	\$4,961.84
Smyth County Community Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	2.00	0.00%	11.11%	\$6,393.78

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Smyth County Community Hospital	389	G.I. OBSTRUCTION W CC	2.26	0.00%	0.00%	\$5,755.19
Smyth County Community Hospital	945	REHABILITATION W CC/MCC	9.56	0.00%	0.00%	\$15,877.68
Smyth County Community Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.96	0.00%	0.00%	\$8,337.99
Smyth County Community Hospital	292	HEART FAILURE & SHOCK W CC	2.39	0.00%	12.50%	\$6,392.83
Smyth County Community Hospital	388	G.I. OBSTRUCTION W MCC	3.30	0.00%	0.00%	\$5,066.55
Smyth County Community Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.59	0.00%	0.00%	\$6,312.19
Smyth County Community Hospital	469	MJR JNT RPLCMNT/RTTHMNT OF LWR EXT WMCC	3.37	0.00%	25.00%	N/A
Smyth County Community Hospital	483	MJR JNT & LMB REATTCHMNT PX UP EXT	1.00	0.00%	12.50%	\$6,171.07
Smyth County Community Hospital	561	AFTERCRE, MSCLSKLTL SYS & CON TIS W/OCC/MCC	8.56	0.00%	0.00%	\$22,370.22
Smyth County Community Hospital	638	DIABETES W CC	1.86	0.00%	0.00%	\$7,162.49
Smyth County Community Hospital	56	DEGENERATIVE NERVOUS SYSTM DISORDRS WMCC	12.98	0.00%	N/A	\$13,753.49
Smyth County Community Hospital	481	HIP & FEMUR PX EXCEPT MAJOR JOINT W CC	4.53	0.00%	14.29%	\$7,410.03
Smyth County Community Hospital	69	TRANSIENT ISCHEMIA	1.70	0.00%	0.00%	\$7,501.85
Smyth County Community Hospital	70	NONSPEC CEREBROVASCULAR DISORDERS WMCC	5.41	0.00%	0.00%	\$9,284.87
Smyth County Community Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	2.80	0.00%	20.00%	\$6,226.19
Smyth County Community Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	2.33	0.00%	16.67%	\$6,481.93
Smyth County Community Hospital	331	MAJOR SMALL & LARGE BOWEL PX W/O CC/MCC	4.58	0.00%	0.00%	\$9,011.33
Smyth County Community Hospital	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	2.40	0.00%	0.00%	\$6,517.55
Smyth County Community Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	3.71	0.00%	0.00%	\$4,846.10
Smyth County Community Hospital	176	PULMONARY EMBOLISM W/O MCC	1.32	0.00%	0.00%	\$4,751.72
Smyth County Community Hospital	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	1.15	0.00%	0.00%	\$6,663.35
Smyth County Community Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	5.91	0.00%	0.00%	\$6,812.27
Smyth County Community Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	2.05	0.00%	0.00%	\$4,927.20
Smyth County Community Hospital	390	G.I. OBSTRUCTION W/O CC/MCC	1.64	0.00%	0.00%	\$5,889.68
Smyth County Community Hospital	441	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA WMCC	2.64	25.00%	0.00%	\$5,359.04
Smyth County Community Hospital	536	FRACTURES OF HIP & PELVIS W/O MCC	2.14	0.00%	0.00%	\$6,844.91
Smyth County Community Hospital	637	DIABETES W MCC	2.30	0.00%	0.00%	\$9,298.31
Smyth County Community Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	5.17	20.00%	50.00%	\$11,396.91

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Smyth County Community Hospital	809	MJR HEM/IMM DX EXC SCKL CL CRS & COAG W CC	2.19	0.00%	0.00%	\$7,025.65
Smyth County Community Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	1.64	0.00%	0.00%	\$5,509.06
Smyth County Community Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	8.56	0.00%	0.00%	\$5,071.92
Smyth County Community Hospital	948	SIGNS & SYMPTOMS W/O MCC	1.43	20.00%	0.00%	\$6,140.22

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Sycamore Shoals Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	3.43	10.47%	10.53%	\$3,861.60
Sycamore Shoals Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	2.90	1.24%	17.72%	\$4,480.48
Sycamore Shoals Hospital	470	MJR JNT RPLCMNT/RTTHMNT OF LWR ET W/OMCC	2.43	0.00%	3.68%	\$5,539.03
Sycamore Shoals Hospital	603	CELLULITIS W/O MCC	2.66	0.00%	6.67%	\$4,739.31
Sycamore Shoals Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.32	2.99%	7.81%	\$4,656.66
Sycamore Shoals Hospital	291	HEART FAILURE & SHOCK W MCC	3.48	1.69%	25.44%	N/A
Sycamore Shoals Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.24	15.15%	15.19%	\$4,002.00
Sycamore Shoals Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.24	0.00%	10.11%	\$4,239.64
Sycamore Shoals Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRW/OMCC	2.44	2.17%	5.68%	\$3,741.18
Sycamore Shoals Hospital	683	RENAL FAILURE W CC	2.39	0.00%	10.13%	\$4,090.25
Sycamore Shoals Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.33	0.00%	7.50%	\$3,901.94
Sycamore Shoals Hospital	638	DIABETES W CC	2.14	0.00%	14.08%	\$4,839.75
Sycamore Shoals Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.13	0.00%	14.86%	\$3,836.52
Sycamore Shoals Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.32	0.00%	20.69%	\$4,389.21
Sycamore Shoals Hospital	378	G.I. HEMORRHAGE W CC	2.54	0.00%	21.31%	\$5,108.98
Sycamore Shoals Hospital	884	ORGANIC DISTURBANCES & MENTAL RETARDATION	9.61	2.00%	0.00%	\$8,949.38
Sycamore Shoals Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	2.75	0.00%	16.33%	\$3,499.00
Sycamore Shoals Hospital	682	RENAL FAILURE W MCC	3.80	6.82%	17.07%	\$3,829.84
Sycamore Shoals Hospital	57	DEGENERATIV NRVIOUS SYSTM DISORDRS W/OMCC	12.03	2.50%	N/A	\$12,035.75
Sycamore Shoals Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	2.01	0.00%	8.57%	\$3,657.88
Sycamore Shoals Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	5.63	2.78%	26.47%	\$5,502.87
Sycamore Shoals Hospital	292	HEART FAILURE & SHOCK W CC	2.92	2.94%	18.18%	\$4,670.37
Sycamore Shoals Hospital	309	CARD ARRHYTHMIA & CONDUCT DISORDERS WCC	1.92	0.00%	10.00%	\$4,403.04
Sycamore Shoals Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.52	0.00%	15.63%	\$3,467.26
Sycamore Shoals Hospital	698	OTHER KIDNEY & URINARY TRACT DX W MCC	3.86	6.90%	22.22%	\$3,984.48
Sycamore Shoals Hospital	389	G.I. OBSTRUCTION W CC	2.93	0.00%	3.23%	\$4,523.62
Sycamore Shoals Hospital	853	INFECTIOUS & PARASITIC DIS W OR PX WMCC	6.50	6.90%	11.11%	\$4,104.92
Sycamore Shoals Hospital	305	HYPERTENSION W/O MCC	1.85	0.00%	10.71%	\$4,407.08
Sycamore Shoals Hospital	812	RED BLOOD CELL DISORDERS W/O MCC	1.86	0.00%	14.81%	\$5,408.51

TOP 10 HOSPITAL DIAGNOSES

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Sycamore Shoals Hospital	637	DIABETES W MCC	3.64	0.00%	7.69%	\$5,674.70
Sycamore Shoals Hospital	280	ACUTE MI DISCHARGED ALIVE W MCC	2.76	0.00%	25.00%	\$3,527.85
Sycamore Shoals Hospital	330	MAJOR SMALL & LARGE BOWEL PX W CC	5.45	0.00%	3.85%	\$5,311.13
Sycamore Shoals Hospital	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	1.47	0.00%	0.00%	\$4,649.88
Sycamore Shoals Hospital	372	MJR GI DISORDRS & PERITONEAL INFECT WCC	2.89	0.00%	4.17%	\$3,658.67
Sycamore Shoals Hospital	854	INFECTIOUS & PARASITIC DIS W OR PX W CC	3.99	0.00%	0.00%	\$4,659.81
Sycamore Shoals Hospital	390	G.I. OBSTRUCTION W/O CC/MCC	1.58	0.00%	0.00%	\$3,640.36
Sycamore Shoals Hospital	418	LAPROSCOPIC CHOLECYSTECTOMY W/O CDE W CC	2.79	0.00%	0.00%	\$4,750.60
Sycamore Shoals Hospital	312	SYNCOPE & COLLAPSE	2.20	0.00%	4.76%	\$4,864.75
Sycamore Shoals Hospital	602	CELLULITIS W MCC	4.63	5.56%	17.65%	\$6,523.27
Sycamore Shoals Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	1.89	0.00%	5.26%	\$3,665.74
Sycamore Shoals Hospital	313	CHEST PAIN	1.26	0.00%	0.00%	\$4,491.58
Sycamore Shoals Hospital	483	MJR JNT & LMB REATTCHMNT PX UP EXT	1.68	0.00%	5.26%	\$6,666.36
Sycamore Shoals Hospital	208	RESPIRATORY SYS DX W VENT SUPPORT <=96 H	5.33	37.50%	0.00%	\$5,401.17
Sycamore Shoals Hospital	440	DISORDER OF PANCREAS EXC MALIG W/OCC/MCC	2.01	0.00%	17.65%	\$3,737.32
Sycamore Shoals Hospital	442	DSRDRS LIVER EXC MALG, CIRR, ALC HEPA W CC	2.41	5.88%	6.67%	\$3,437.31
Sycamore Shoals Hospital	175	PULMONARY EMBOLISM W MCC	3.09	0.00%	0.00%	\$3,159.43
Sycamore Shoals Hospital	377	G.I. HEMORRHAGE W MCC	4.08	0.00%	13.33%	\$5,691.46
Sycamore Shoals Hospital	176	PULMONARY EMBOLISM W/O MCC	1.53	0.00%	0.00%	\$2,186.95
Sycamore Shoals Hospital	281	ACUTE MI DISCHARGED ALIVE W CC	1.64	0.00%	16.67%	\$2,862.39
Sycamore Shoals Hospital	293	HEART FAILURE & SHOCK W/O CC/MCC	2.51	8.33%	10.00%	\$4,950.02
Sycamore Shoals Hospital	391	ESOPHAGITIS, GI & MSC DIGST DISORDR WMCC	2.49	0.00%	6.67%	\$3,269.15
Sycamore Shoals Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.55	0.00%	15.38%	\$2,883.25
Sycamore Shoals Hospital	308	CARD ARRHYTHMIA & CONDUCT DISORDERS WMCC	4.54	8.33%	18.18%	\$6,618.66
Sycamore Shoals Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	2.22	0.00%	0.00%	\$4,478.24
Sycamore Shoals Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.58	0.00%	0.00%	\$3,710.71
Sycamore Shoals Hospital	64	INTRACRNIAL HEM OR CEREBRAL INFARCT WMCC	2.84	12.50%	0.00%	\$2,556.98
Sycamore Shoals Hospital	329	MAJOR SMALL & LARGE BOWEL PX W MCC	8.57	18.18%	22.22%	\$4,175.71
Sycamore Shoals Hospital	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	1.66	0.00%	9.09%	\$3,380.35
Sycamore Shoals Hospital	419	LAPSCP CHOLECYSTECTOMY W/O CDE W/OCC/MCC	1.93	0.00%	0.00%	\$5,161.27

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Sycamore Shoals Hospital	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	3.84	10.00%	22.22%	\$3,252.25
Sycamore Shoals Hospital	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	3.56	0.00%	18.18%	\$5,553.72
Sycamore Shoals Hospital	69	TRANSIENT ISCHEMIA	1.49	0.00%	0.00%	\$4,569.80
Sycamore Shoals Hospital	70	NONSPEC CEREBROVASCULAR DISORDERS WMCC	3.84	0.00%	22.22%	\$5,055.06
Sycamore Shoals Hospital	178	RESPIRATORY INFECT & INFLAMMATIONS W CC	2.41	0.00%	0.00%	\$3,101.50
Sycamore Shoals Hospital	417	LAPRSCOPIC CHOLECYSTECTOMY W/O CDE W MCC	3.95	0.00%	0.00%	\$4,206.26
Sycamore Shoals Hospital	581	OTH SKIN, SUBCUT TISS & BREAST PX W/OCC/MCC	2.08	0.00%	0.00%	\$2,819.18
Sycamore Shoals Hospital	640	MISC DISORD NUTR, METABL, FLD/ELCTRL W MCC	3.56	10.00%	0.00%	\$4,714.56
Sycamore Shoals Hospital	684	RENAL FAILURE W/O CC/MCC	1.39	9.09%	10.00%	\$3,334.01
Sycamore Shoals Hospital	811	RED BLOOD CELL DISORDERS W MCC	3.57	0.00%	0.00%	\$4,901.18

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case	TOP 10 HOSPITAL DIAGNOSES
Unicoi County Hospital	871	SEPTICEMIA/SEVR SEPSIS W/OMV >96HRS WMCC	2.98	10.20%	4.55%	\$3,155.32	
Unicoi County Hospital	190	CHRONIC OBSTRUCTIVE PULMNRY DISEASE WMCC	3.24	0.00%	13.64%	\$4,941.25	
Unicoi County Hospital	193	SIMPLE PNEUMONIA & PLEURISY W MCC	3.05	0.00%	10.53%	\$5,008.14	
Unicoi County Hospital	872	SEPTICEMIA/SEVR SEPSS W/OMV >96HRSW/OMCC	2.64	0.00%	0.00%	\$4,950.97	
Unicoi County Hospital	291	HEART FAILURE & SHOCK W MCC	3.48	0.00%	18.75%	\$5,404.32	
Unicoi County Hospital	690	KIDNEY & URINARY TRACT INFECTIONS W/OMCC	2.39	0.00%	0.00%	\$5,307.07	
Unicoi County Hospital	194	SIMPLE PNEUMONIA & PLEURISY W CC	2.42	0.00%	0.00%	\$5,072.03	
Unicoi County Hospital	189	PULMONARY EDEMA & RESPIRATORY FAILURE	2.55	0.00%	6.67%	\$4,299.49	
Unicoi County Hospital	392	ESOPHAGITIS, GI & MSC DIGST DISORDR W/OMCC	2.14	0.00%	7.69%	\$4,847.84	
Unicoi County Hospital	603	CELLULITIS W/O MCC	2.00	0.00%	10.00%	\$4,545.84	
Unicoi County Hospital	191	CHRONIC OBSTRUCTIVE PULMONRY DISEASE WCC	2.17	0.00%	0.00%	\$5,184.91	
Unicoi County Hospital	641	MISC DISORD NUTR, METABL, FLD/ELCTR WO MCC	1.54	0.00%	0.00%	\$3,749.14	
Unicoi County Hospital	683	RENAL FAILURE W CC	1.51	0.00%	0.00%	\$3,748.17	
Unicoi County Hospital	292	HEART FAILURE & SHOCK W CC	1.62	20.00%	0.00%	\$5,108.71	
Unicoi County Hospital	682	RENAL FAILURE W MCC	3.36	0.00%	0.00%	\$4,844.27	
Unicoi County Hospital	305	HYPERTENSION W/O MCC	1.74	0.00%	0.00%	\$4,995.45	
Unicoi County Hospital	684	RENAL FAILURE W/O CC/MCC	1.43	0.00%	0.00%	\$4,768.59	
Unicoi County Hospital	689	KIDNEY & URINARY TRACT INFECTIONS W MCC	2.40	0.00%	25.00%	\$4,468.12	
Unicoi County Hospital	192	CHRONIC OBSTRUCTV PULM DISEASE W/OCC/MCC	1.41	0.00%	25.00%	\$4,376.91	
Unicoi County Hospital	377	G.I. HEMORRHAGE W MCC	3.41	0.00%	25.00%	\$4,819.32	
Unicoi County Hospital	378	G.I. HEMORRHAGE W CC	1.57	0.00%	50.00%	\$6,050.73	
Unicoi County Hospital	439	DISORDER OF PANCREAS EXC MALIGNANCY W CC	2.21	0.00%	66.67%	\$4,894.69	
Unicoi County Hospital	638	DIABETES W CC	1.41	0.00%	0.00%	\$3,263.50	
Unicoi County Hospital	65	INTRACRNIAL HEM OR CEREBRAL INFARCT WCC	1.82	0.00%	0.00%	\$5,191.62	
Unicoi County Hospital	69	TRANSIENT ISCHEMIA	1.00	0.00%	0.00%	\$5,923.35	
Unicoi County Hospital	177	RESPIRATORY INFECT & INFLAMMATIONS W MCC	4.79	33.33%	0.00%	\$3,896.71	
Unicoi County Hospital	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	2.29	0.00%	0.00%	\$4,955.41	
Unicoi County Hospital	202	BRONCHITIS & ASTHMA W CC/MCC	1.00	0.00%	66.67%	\$2,908.14	
Unicoi County Hospital	293	HEART FAILURE & SHOCK W/O CC/MCC	2.00	0.00%	0.00%	\$4,976.71	
Unicoi County Hospital	310	CARD ARRHYTH & CONDUCT DISORDERS W/OCC/MCC	2.62	0.00%	66.67%	\$8,146.58	

Facility	MS-DRG (ICD-10)	MSDRG Description	Geo LOS Observed	Mortality Observed	Readmissions Observed (HWR)	Severity Adjusted Cost per Case
Unicoi County Hospital	543	PATH FX & MSCLSKLT&CONN TISS MALIG W CC	3.17	0.00%	0.00%	\$4,461.04
Unicoi County Hospital	552	MEDICAL BACK PROBLEMS W/O MCC	3.00	0.00%	0.00%	\$3,744.17
Unicoi County Hospital	699	OTHER KIDNEY & URINARY TRACT DX W CC	4.38	0.00%	50.00%	\$4,645.03

***Reporting data available starting 10/23/2018**



ATTACHMENT 6

BOARD OF DIRECTORS ACTIVITIES



Committee Development Activities

1. Ballad Health board of directors:

- a. Board of directors retreat held June 27 through June 29, 2019
 - i. Board self-assessment survey report – Pamela Knecht (Accord Limited)
 - ii. Review of external risks and environmental scenario planning
 - iii. Enterprise risk management
 - iv. Update on efficiency plans
 - v. Disruption in healthcare/value-based care/healthcare and industry trends, J.D. Hickey, BlueCross BlueShield of Tennessee
- b. COPA Compliance Board education – July 31, 2018 and July 28, 2019
- c. Environmental scenario planning working session – February 20, 2019
- d. Trauma workshop – October 10, 2018
- e. Partnership with The Governance Institute beginning in fiscal year 2020. Access to The Governance Institute includes subscription to the Boardroom Press, a bimonthly journal of news, resources and events, including articles on need-to-know healthcare topics, governance issues and best practices.
- f. Upcoming education:
 - i. Population health
 - ii. Industry trends
 - iii. Innovation
 - iv. Quality/safety assurance
 - v. Health IT

2. Committee education

- a. Quality, Safety and Service Committee
 - i. 7.25.18 – Antimicrobial stewardship program: a corporate pharmacist presented on Ballad Health's antimicrobial stewardship program, including the history, CDC call to action, core elements, data monitoring, strategies and components of the system's program.
 - ii. 8.29.18 – High value subcommittees of the Clinical Council initiatives; hospital-acquired infection initiatives and progress: An overview of the High-Value Care Committee was presented which included the charter and values of the subcommittee. In addition, the subcommittee's composition was presented along with the goal's nature plans. In addition, a systemwide hospital-acquired infection update was provided by the corporate director of Infection Prevention.
 - iii. 9.26.18 – An update on the progress of the Medical Staff Services Subcommittee was presented, which outlined the purpose of the subcommittee, a review of the Charter,

- composition and members of the subcommittee, an overview of the scope, responsibilities and actions to date.
- iv. 10.24.18 – The Joint Commission Update: Ballad Health’s lead consultant from The Joint Commission resources will be providing an education session on key drivers for immediate threats to patient health and safety, requirements for improvement, top 10 cited standards for hospitals, top 10 list of clinical findings and continuous service readiness program.
 - v. 11.14.18 – Value-based contracts (VBC): Corporate SVP of Strategic Planning presented an overview of value-based contracts, including descriptions of VBCs, payment categories, risks and shared savings.
 - vi. 12.19.18 – Ballad Health sepsis initiative: Corporate sepsis physician champion presented an overview of the systemwide initiative to improve sepsis mortality and readmissions.
 - vii. 1.30.19 – Opioid task force update: The AVP of Corporate Pharmacy, along with a physician, presented information on the oversight of controlled substance therapy at Ballad Health facilities, as well as an outline of the promotion of safe use of controlled substances within the communities Ballad Health serves.
 - viii. 2.27.19 – Review and selection of quality priorities for FY20: Corporate VP of Quality and Performance Improvement presented upcoming quality priorities for quality, safety and improvement. The committee provided recommendations and voted on approval of the priorities.
 - ix. 4.24.19 – Enhanced Recovery After Surgery (ERAS) program: An outline of ERAS, the reasons for the program, potential gaps/challenges and potential benefits were presented. Success stories from pilot programs across the system were also discussed.

- x. 5.29.19 – OPPE/FPPE: VP of Quality and Performance Improvement and the corporate director of Quality presented an overview of professional practice review, along with the responsibilities of the medical staff and hospital governing bodies. Functions of the Ballad Health clinical quality team were also discussed, and an overview of the organizational structure was presented
- xi. Future education topics:
 - Annual hospital-acquired infections and antibiotic stewardship update
 - Premier quality, analysis and reporting tools
 - Tennessee Hospital Association quality priorities
 - Building a quality improvement organization
 - The Joint Commission annual update
 - Opioid task force annual update
 - Ballad Health behavioral health plan

- b. Audit and Compliance Committee
 - i. 4.9.19 COPA compliance education

- c. Community Benefit and Population Health Committee
 - i. Environmental scenario planning
 - ii. Value-based contracts
 - iii. MSSP
 - iv. Community health needs assessments

- d. Finance Committee
 - i. Revenue cycle and accounts receivable update
 - ii. Virginia Medicaid rate improvement and expansion
 - iii. FY19 CMS inpatient update
 - iv. SWAP educational session
 - v. Rating agency criteria and rating update

- e. IT Strategy Committee
 - i. HIE plan
 - ii. Cybersecurity assessments
 - iii. Two committee members attended Epic UGM conference in Wisconsin
 - iv. Epic users group meeting conference – two committee members attended

- f. Investment Committee
 - i. Investment program management
 - ii. Rating agency criteria and rating update
 - iii. Quarterly performance reviews



ATTACHMENT 7

CAREER DEVELOPMENT PLAN UPDATE



Career development

Significant progress was made this year in executing all plans related to the complete development and execution of a cohesive and comprehensive career development program for the team members of Ballad Health.

New team member orientation:

Beginning in September 2018, all new team members participated in a fully-integrated, all-day orientation. While the content is designed to meet all regulatory and safety requirements, the major focus of the training is beginning the employee enculturation process. Ballad Health's mission, vision and values take center stage as team members are educated regarding why Ballad Health exists, priorities of the organization and how each team member plays a critical role in serving our patients and community. In total, 3,071 new team members participated in this highly-engaging and interactive learning experience in FY19.

Ballad Health leadership development programming:

Successful organizations require a highly-trained management team that's nimble, resilient, and skilled in leadership fundamentals and response to the rapid change and innovation in the healthcare industry. Recognizing that building the strongest possible leadership team requires designing different programs to meet the highly-variable development needs of each leader, Ballad Health adopted a tiered approach that aligns curriculum with the unique needs of leaders at various stages of their skill development.

Aspiring leaders' program

Ballad Health identifies potential future leaders and selects these leaders to participate in a one-day-per-month, 11-month-long training program designed to introduce fundamental leadership principles in a highly-interactive and engaging learning environment. Participants apply these principles in a project-based learning approach and work closely with established Ballad Health leadership to complete a real-world, healthcare-specific project that benefits the organization. The program also helps to address the succession-planning needs of the organization. In FY19, 39 future leaders participated in the program.

New leader onboarding program

Team members promoted to first-time leadership positions at Ballad Health, as well as new team members hired externally in leadership positions, attend this program. These new leaders learn fundamental concepts of leadership from curriculum designed and delivered in collaboration with local universities over an eleven-week period. Additionally, Ballad Health policies, procedures and resources designed to facilitate success as leaders are reviewed. So far in FY19, 102 team members have participated in this important training.



Healthcare advisory board fellowship program

This is an 18-month program designed to accelerate the development of selected senior leaders, so they can more effectively advance their organization's mission-critical initiatives. Cohorts of rising leaders from across the country meet in Washington, DC, to explore the most current advancements both in and out of the healthcare industry. Ballad Health selected a total of 12 participants in FY19, with six graduating and six set to graduate in FY20.

Physician leadership development

Ballad Health has updated the curriculum for the highly-successful Ballad Health Physician Leadership Academy (PLA) to launch in October 2019. The academy will consist of courses designed to train physicians for leadership roles using a variety of national and local speakers, as well as education through a new online segment. The PLA has graduated over 140 leaders across Ballad Health who have completed the coursework and received their certificate of completion. The new curriculum combines four day-long sessions throughout the year with ongoing e-learning activities and discussion boards. Participants address topics designed to hone interpersonal, professional and leadership skills. Continuing Medical Education (CME) credits are offered.

Other career development programming:

Nurse residency program

Research indicates that intensive nurse residency programs provide much-needed additional training and confidence-building for new graduates during their first year of employment as a registered nurse. Turnover rates for new graduates are typically at their highest level during the first year of employment, but typically these rates decrease significantly when the nurses are engaged in a well-designed residency program during this first year. Final planning is being completed in FY19, and the organization is on track to begin the initial residency program in October 2019.

Community/Ballad Health partnership: certified nurse assistant to registered nurse program

Also, in development for the FY20 rollout is a community-based partnership designed to reach underemployed and disadvantaged community members interested in beginning a healthcare career. Recognizing that by addressing social and financial obstacles within certain segments of our population, Ballad Health will offer challenging and meaningful career opportunities while contributing to the well-being of our community.

For example, Ballad Health is planning to launch a series of certified nurse assistant training programs where students will be paid while attending training with the goal of offering employment opportunities for successful graduates. Once on-boarded, Ballad Health will continue to coach and develop these entry-level clinical team members. For those performing well and



motivated to ascend in their careers, Ballad Health will provide scholarships to local colleges and universities to assist these team members in becoming licensed practical and registered nurses.

Career development program

Significant planning began in FY19 for a Ballad Health career development team, which is now fully approved for implementation in FY20. These additional human resources team members will be focused exclusively on assisting other team members in identifying their future career paths and facilitating their ascension to these more highly-skilled positions. Team members participating in this program will learn about the various healthcare careers available to them, and through testing and vocational counseling, which careers are the best matches for their interests, aptitudes and motivation levels. Financial assistance will be provided by Ballad Health to assist in meeting what will be a variety of diverse training and educational needs.

Implementation of single learning management system:

For Ballad Health to facilitate its extensive education and training programs and to meet related education tracking and regulatory requirements, adopting a single learning management system was crucial. After six months of intensive preparation, implementation of the HealthStream LMS occurred in late June 2019. Already in place at the legacy Wellmont organization, this system enables Ballad Health to accomplish the following key objectives:

1. Provide a single platform to deliver and track all mandatory and voluntary computer-based learning programs ensuring Ballad Health team members are receiving the most updated content available and ensuring full compliance with the training requirements of numerous agencies and accrediting organizations.
2. Through HealthStream's association with EBSCO, a leading provider of clinical research databases, Ballad Health clinical team members have an extensive library of clinical content available to them online to enhance their knowledge, skills and technical competencies.
3. HealthStream enables Ballad Health's workforce to become aware of educational offerings throughout the organization and to register for classes and courses in advance. This system tracks completion of courses and assigns course credits, providing all team members with a learning transcript that documents their learning experiences.
4. HealthStream delivers the training content and competency assessments for the upcoming nursing residency program at Ballad Health. By building the platform based on researched best practices for nursing residency programs, this functionality assures that Ballad Health's program, which will launch in October 2019, will be state-of-the-art and positioned for success.
5. All team member performance evaluations are now performed on this single system. During FY19, evaluation templates from both legacy organizations were redesigned to establish new Ballad Health templates that capture the performance expectations for all team members with each aligned to the organization's values.

FY19 Key Workforce Development Metrics	
# of new team members completing orientation	3,071
# of leaders engaged in formal leadership programs	153
# of scholarship recipients	38
# of team members receiving tuition reimbursement	87
# team member promotions	954



ATTACHMENT 8

CLINICAL COUNCIL REPORT



Clinical Council functions and responsibilities – TOC: 4.02(b)(v); Condition 45

Clinical Council Annual Report – TOC: 6.04(b)(xi); Condition 45

- The Clinical Council updated the charter to clarify roles and review the responsibilities. Responsibilities are:
 - Evaluating practice patterns at Ballad Health and benchmarking these with respect to established best practices.
 - Establishing metrics and triggers for data collection to monitor adoption of best practices and communicating these results to appropriate stakeholders.
 - Evaluating opportunities for reduction in variations of care in the context of available scientific evidence, established best practices and regulatory requirements.
 - Evaluating outcome and performance data in the context of evidence-based medicine and required third-party metrics.
 - Establishing standardized credentialing, on-call and peer review processes to be followed by individual facilities and entities and monitor adoption of these processes.
 - Establishing standardized credentialing, on-call and peer review processes to be followed by individual facilities and entities and monitor adoption of these processes.
 - Overseeing the adoption of a standardized formulary and drug utilization standards. Monitor adoption of standardized formulary and report opportunities for improvement to the appropriate MECs or Ballad Health entities.
 - Supporting Ballad Health’s risk-based initiatives as healthcare shifts to a value-based model.

- No changes were recommended to the charter this year related to the Clinical Council. The charter was reviewed by the committee and the Ballad Health quality plan was updated in May of 2019. As established in the Quality, Service and Safety Committee Charter, the Clinical Council is responsible for:
 - Promoting and ensuring a culture of collaborative evidence-based care.
 - Prioritizing quality, service and safety improvement activities and establishing clear expectations to promote and improve health outcomes and patient safety.
 - Promoting high-value care that is supported by the evidence and not duplicative.
 - Promoting a transparent and non-punitive environment for reporting and evaluating patient safety and harm incidents.
 - Giving guidance to the Quality, Service and Safety Committee regarding the credentialing and privileging process.

- The Clinical Council completed an environmental assessment and analysis of key challenges that considered rural areas, diversity of services, private practice and the conditions established by the State of Tennessee and the Commonwealth of Virginia. As a result, the Ballad Health Clinical Council created a new subcommittee: The Strategic Planning Committee. This subcommittee was developed to address an opportunity to align the strategic planning process between physician leaders and senior executive leaders and to actively engage Clinical Council members.

- The Clinical Council is aligned with the Ballad Health board and Quality, Service and Safety

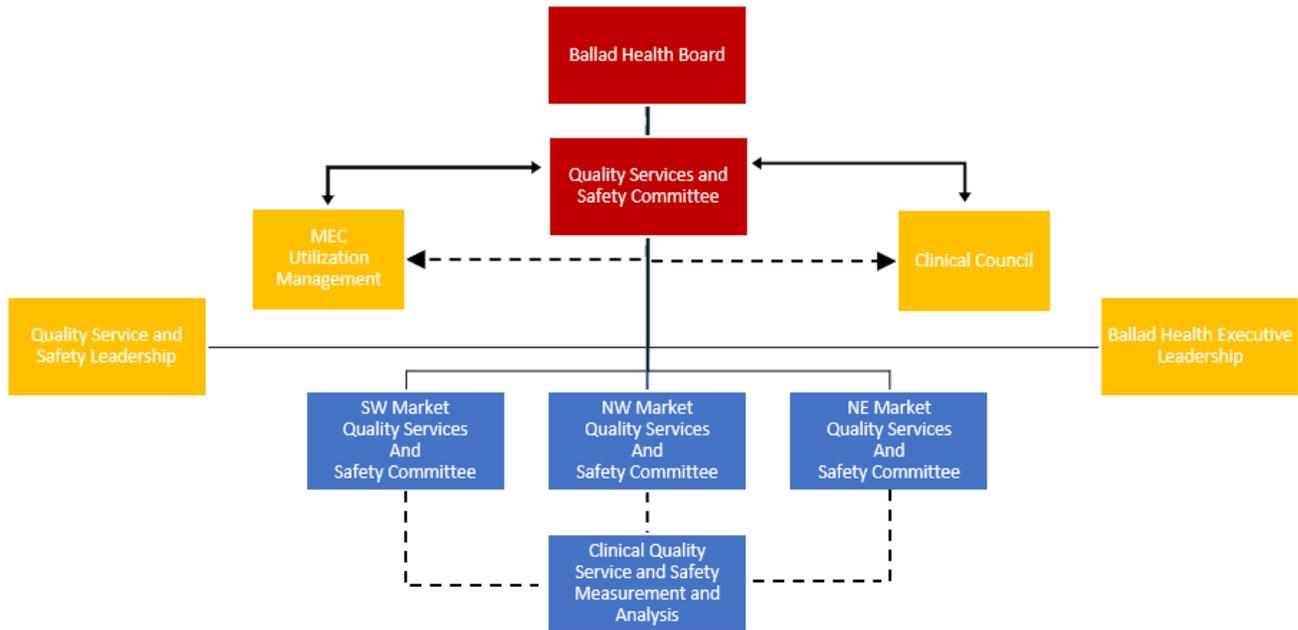
Committee of the board. The Council assisted in establishing key quality and patient safety priorities considering risk, volume, propensity for problems (including incidence, prevalence and severity), and impact on health outcomes, patient safety and quality of care.

- The Clinical Council launched Tiered Safety Huddles. The purpose of Huddles is to establish a communication process at all levels of the organization to improve transparency in resolving concerns related to patient harm and safety concerns.

It is the expectation of each team member or provider within any Ballad Health clinical facility or entity to incorporate a huddle escalation process that allows all team members and providers to escalate patient and team member safety issues and team member recognitions for safety catches via a culture of safety and zero harm.

- o Possible elements to escalate include but may not be limited to:
 - Patient falls
 - Retained foreign object/s
 - Catheter-associated urinary tract infection (CAUTI)
 - Clostridium difficile (C-diff)
 - Central line-associated bloodstream infection (CLABSI)
 - Methicillin-resistant staphylococcus aureus (MRSA)
 - Surgical site infection:
 - Hysterectomy
 - Colon
- o Hospital capacity (or facility/entity capacity)
 - Patient holds (or appointment issues)
 - Diversion (excessive time to next available appointment)
 - Staffing concerns
 - Information technology (IT) concerns
 - Supply concerns
 - Patient information confidentiality breaches
 - Team member safety
 - Team member recognition

This tiered huddle process enables corporate leaders to strategize and implement solutions that address safety and other concerns. Engaging leaders at all levels helps develop a culture of safety and zero harm.



- The Quality, Safety and Service clinical priorities set for the fiscal year 2019-2020 along with the 16 quality target measures established by the conditions of participation are:
 - Quality: Antimicrobial stewardship, opioid use, sepsis, ED throughput, heart failure readmissions and mortality, pneumonia readmissions and mortality
 - Safety: C. diff, CAUTI, CLABSI, MRSA, surgical safety Service:
 - Service: Communication, transitions of care, psych access to care

The established subcommittees of the Clinical Council are:

Evidence-based medicine/High-value care Committee

Purpose: To prioritize efforts aimed at promoting high-value care that are supported by evidence, are not duplicative and are truly necessary. The subcommittee will lead efforts to teach, optimize and operationalize safe clinical practice and reduce unwarranted clinical variation across Ballad Health.

FY20 initiatives for the Evidence-based medicine/High-value care Committee:

- Catheter Associated Urinary Tract Infection (CAUTI)
- Antimicrobial stewardship
- Sepsis bundle compliance
- Medical Resistant Staphylococcus Aureus (MRSA)
- Heart failure and pneumonia readmissions and mortality

- Virginia Center for Health Innovation (VCHI)/Arnold Grant initiatives: low-risk labs for surgical patients, eye imaging, PICC line placement for patients with chronic kidney disease, EKG utilization, low back pain imaging

Baselines have been established for the FY20 initiatives, except for the initiatives related to the Arnold Grant.

Measurement mechanisms for the Arnold Grant are currently being established. All other initiatives are measured and monitored through the Quality Target and Priority Metrics Scorecard.

The first focused initiative, C. diff, resulted in excellent clinical outcomes. Ballad Health has experienced a 44% reduction in hospital-acquired C. diff from FY18 to FY19 performance. The committee is currently prioritizing work to implement evidence-based practice protocols and guidelines to reduce CAUTI and MRSA. Additionally, sepsis bundle compliance improved from 57% in FY18 to 63%.

Patient, family and provider experience committee

Purpose: To provide the “ultimate patient experience” at Ballad Health facilities and clinics. By focusing on helping physicians and advanced practice providers reconnect with the reasons they went into medicine in the first place and putting the emphasis back into connecting with and caring for patients and their patients’ families, this subcommittee will focus on promoting effective communication and collaboration among healthcare providers and their patients/families. In addition, this subcommittee will focus on how physicians and advanced practice providers can build high-performing teams that they are proud to be a part of. While striving to achieve patient service excellence, the subcommittee shall also place importance on provider well-being and support organizational processes that help rekindle the passion for practicing medicine.

FY20 initiatives of the Patient, family and provider experience committee:

- Refine improved patient communication prior to procedure and treatment using updated processes and technology
- Investigate a multi-tiered approach to provider education on communication techniques that result in increased patient understanding and greater patient compliance
- Strengthen relationship between providers and nurses through provider/nurse rounding
- Provide support to physicians to prevent/cope with burnout and build resilience
- Increase provider participation in safety education and daily dialogue with the care team

Surgical Services and Perioperative Committee

Purpose: To provide leadership and oversight in the perioperative environment. The subcommittee is a multidisciplinary team that addresses issues impacting the quality and safety of the care provided to surgical patients.

The goals and objectives of the committee are:

- To provide a multidisciplinary forum that will openly evaluate clinical processes for effective, high-quality patient care.
- To develop data metrics and benchmarks that effectively represent clinical operations and align with the COPA target measures.

- To analyze the data and issues related to failures of systems that support the desired and expected outcomes.
- To evaluate and determine best practices.
- To reduce clinical variation in the perioperative environment.
- To oversee the implementation of the adherence to procedures setting the standard of care.
- To effectively integrate quality and service while maintaining overall efficiency.
- Collaborate and provide guidance with the Ballad Health Surgical Services Leadership Team.

FY20 initiatives of the Surgical Services and Perioperative Committee:

- Implementation of evidence-based practice colon bundles to assist in the reduction of surgical site infections
- Implementation of clinical practice guidelines for Enhanced Recovery After Surgery (ERAS) protocols
- Reduction in postoperative opioid discharge prescribing
- Acute kidney injury
- Postoperative respiratory failure

FY19 accomplishments for the Surgical Services and Perioperative Committee:

- standardized of a policy related to attire in the operating room
- standardized of clinical practice guidelines to support Enhanced Recovery After Surgery (ERAS) protocols
- Began the standardization of order sets, supplies and equipment
- Continues the standardization of several surgical-related policies and procedures

Medical Staff Services Committee

Purpose: The medical staff subcommittee of the Clinical Council is to promote the effectiveness, efficiency and well-being of the medical staff and to identify, evaluate and make proposals for action and policy to the Clinical Council on medical staff issues. The focus of the subcommittee involves quality improvement by reducing variation in medical staff policy and processes across the Ballad Health system. The medical staff committee completed the work of physician orientation, the implementation of system flu policy and a system process for application fees.

FY20 initiatives of the Medical Staff Services Committee:

- Bylaws structure and content
- Focus Provider Practice Evaluation (FPPE)
- Ongoing Provider Practice Evaluation (OPPE)
- Physician education
- Medical staff policies and procedures Accomplishments in FY19
- Developed a single credentialing policy
- Guided the implementation of a single credentialing software system to MD-Staff
- Revised the bylaws, rules, regulations and policies to align the system credentialing policy
- All credentialed providers are being entered into HealthStream to support physician education
- Supported a single structure for OOPE and FPPE. This work continues this year.

Clinical Informatics Council Formerly Health Informatics Committee



Purpose: To prioritize efforts aimed at improving the creation, usability, and exchange of health information through Ballad Health's EHRs and related solutions. Review and recommend evidence-based best practices concerning EHR implementation, optimization and integration of all current EHRs in use across Ballad Health. In addition, this subcommittee will work with the appropriate groups to maximize and standardize development and use of the software and the hardware of the Ballad Health IT systems moving forward (up to, and including, the implementation of one common EHR for the Ballad Health system) for the benefit of creating meaningful clinical data at the point of care to support Ballad Health's mission to provide high- quality care and safe transitions of care to the patients and families we serve. Finally, this subcommittee will focus on identifying and implementing evidence-based EHR best practices to ensure that physicians and their care teams can efficiently and effectively use Ballad Health's EHRs and related IT solutions in a manner that promotes clinician well-being.

FY20 initiatives of the Clinical Informatics Council:

- Standardization of order sets established on evidenced-based practice
- Pursuing a standardized approach for secure text messaging

Pharmacy and Therapeutics Committee

Purpose: To oversee the effective and efficient operation of the medication use process (evaluation, appraisal, selection, procurement, storage, prescribing, transcription, distribution, administration, safety procedures, monitoring and use of medication) as consistent with The Joint Commission Medication Management Standards; and to assist in the formulation of broad professional policies relating to medications throughout Ballad Health to decrease variability in practice and improve patient outcomes.

FY19 accomplishments of the Pharmacy and Therapeutics Committee

- Standardized of Ballad Health formulary in 2019
- Assessed of 422 drug classes with individual drug determination for formulary addition, restriction, criteria for use, orphan drug status, or denied for formulary status.
- Retired 400 pharmacy policies and procedures and developed 70 Ballad Health policies.
- Approved the utilization biosimilar agents suggesting that those products deemed "interchangeable" via section 351(k) of the Public Service Act be treated the same as generic small-molecule agents and those not interchangeable be compared with the originator product via a class review.
- Created EPIC clinical pharmacy intervention standard work to incorporate corresponding financial (cost avoidance dollars gained from primary literature search) into activities programmed.

Opioid Task Force Committee

Purpose: To provide oversight of controlled substance therapy at Ballad Health entities and to promote the safe use of controlled substances within the communities it services through the efforts of its five subcommittees:

- Maternal, Infant & Child Health (Neonatal Abstinence Syndrome)
- Substance Use Disorder (SUD) Treatment and Recovery
- Physician Practices
- Hospital Setting (including ED, Surgery, Diversion)
- Community Partners (includes universities/colleges health science centers, paramedical,



legislative, judicial, church, schools, professional societies, law enforcement, Chambers of Commerce)

By optimizing treatment pathways and providing a framework to endorse community efforts surrounding the use of controlled substances, the task force will help promote best practices and efforts to address the epidemic of substance use disorder, misuse and overdoses. The task force will also provide oversight of controlled substance metrics and track interventions made across the organization to improve clinical outcomes and minimize adverse outcomes related to the use of controlled substances.

FY19 accomplishments of the Opioid Task Force Committee:

- Developed the Ballad Health Controlled Substance Management and Diversion Prevention policy to make it comprehensive and to meet the new Resource Conservation and Recovery Act (RCRA) final rule changes
- Implemented a controlled substance audit on all remaining facilities
- Expanded Controlled Substance discrepancy dashboard to include all Ballad facilities.
- Developed and implemented Multimodal Pain Order-sets
- Implemented 72-hour opioid prescribing default for discharge scripts
- Developed an Opioid Dashboard with metrics

Strategic Planning and Care Transformation Committee

Purpose: to provide innovative and strategic leadership to transform care delivery.

The goals and objectives are the committee are:

- Lead structural and cultural change at BHS to develop truly collaborative relationships between administrative and physician community to transform care delivery in our region.
- Establish active and effective physician leadership, engagement and management in the Ballad Health strategic planning as necessary components for care transformation.
- Influence and energize provider colleagues to collaborate with BHS leaders with a spirit of cooperation, acceptance of shared risk, accountability and advancement of knowledge and learning.
- Help construct innovative system strategies that prioritize and support optimal care delivery and clinical outcomes to improve financial outcomes and thus realize mutual benefit for the community, BHS and their providers
- Create novel approaches to community engagement and address local culture that contributes to poor outcomes relative to national standards.
- Through effective strategic planning, reduce variation in care delivery and drive quality improvement and reduction in total cost of care.
- Advance the PCC, its subcommittees and their approved quality, finance and operational projects consistent with our mission, values and prioritized goals.

FY19 accomplishments of the Strategic Planning and Care Transformation Committee:

- Developed charter for committee
- Assisted in the development of the FY20 Quality Priorities
- Dr. Mark Chang, a cardiologist, was voted as the new chairman of the Clinical Council on June 2019
- Dr. Amit Vashist, the former chair, changed roles as he was named the Chief Clinical Officer for Ballad Health



Started working with Ballad Health's Supply Chain, the Group Purchasing Organization (GPO), i.e., Premier, Inc., and physician leaders to identify opportunities to standardize medical supplies. Standardization is key to reducing operating costs and reducing clinical variation. Clinician engagement is an opportunity to share points-of-view to (in the end) provide the best-suited medical supplies for patient care. To date, Ballad Health Supply Chain Team, Premier, and clinical leaders have successfully launched a commodity and clinical preference formulary. Currently, Ballad Health Supply Chain is working closely with physician leaders to create a strategic contracting plan for Physician Preference Items (PPIs).



ATTACHMENT 9

SUMMARY OF QUALITY INDICATORS



Annual Quality Report to the TN DOH and VADOH “Summary of Quality Indicators” Report contact:

Melanie Stanton
Ballad Health Performance Improvement and Quality
Sept 30, 2019

Report summary:

This report provides a summary of performance for quality indicators submitted via the Ballad Health Quality Metrics Scorecard as of fiscal year end June 30, 2019. Metrics include the COPA target measures and the COPA monitoring measures. FY19 performance is compared to the established baseline of Hospital Compare, posted in July of 2017. The targets for Ballad Health’s first year is to at least maintain or improve over the established baseline.

- Ballad Health met 69% (11/16) of the target measures at or above baseline. Please note: SSI colon and hysterectomy are combined to reconcile to the Cooperative Agreement measure SSI. Combined, the measure is not met.

Target Measures

Ballad Health

MMYY	QUALITY TARGET MEASURES	Baseline	FY18	FY19
FY19	Pressure Ulcer Rate	0.29	1.10	0.53
FY19	Iatrogenic Pneumothorax Rate	0.38	0.23	0.13
FY19	In-Hospital Fall with Hip Fracture Rate	0.10	0.01	0.08
FY19	PSI 09 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.41
FY19	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	1.02	1.06	1.28
FY19	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	7.56
FY19	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.16
FY19	PSI 13 Postoperative Sepsis Rate	6.16	3.88	4.03
FY19	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	1.48
FY19	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.27
FY19	CLABSI	0.774	0.65	0.616
FY19	CAUTI	0.613	0.640	0.895
FY19	SSI COLON	1.166	1.900	2.285
FY19	SSI HYST	0.996	0.610	0.000
FY19	MRSA	0.040	0.054	0.090
FY19	CDIFF	0.585	0.623	0.352

Baseline Period Hospital Compare posting July 2017 Performance Period July 2018- June 2019

MMYY	QUALITY MONITORING MEASURES	Baseline	FY18	FY19
FY19	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	74.0%	81.6%	70.1%
FY19	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	9.0%	6.6%	11.9%
FY19	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.0%	11.8%	18.0%
FY19	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	6.1%
FY19	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	82.8%	79.2%
FY19	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	13.7%	14.7%
FY19	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	4.0%	4.4%	6.3%
FY19	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	84.5%	79.7%
FY19	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	12.0%	11.0%	14.0%
FY19	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	7.0%	6.8%	11.1%
FY19	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	73.0%	75.4%	64.6%
FY19	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	21.0%	17.9%	24.4%
FY19	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	14.2%	21.1%
FY19	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	72.6%	62.5%
FY19	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	13.1%	16.4%
FY19	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13.0%	11.9%	13.0%
FY19	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	88.1%	87.0%
FY19	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	41.0%	43.2%	43.1%
FY19	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	5.0%	5.5%	5.4%
FY19	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	50.8%	47.2%
FY19	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	7.6%	10.6%
FY19	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	15.3%	21.1%
FY19	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.0%	77.1%	68.3%
FY19	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	67.0%	71.9%	61.4%
FY19	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	7.0%	7.1%	10.6%
FY19	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	27.0%	21.0%	28.1%
FY19	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.0%	4.6%	4.1%
FY19	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	74.0%	75.4%	68.3%
FY19	HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.0%	20.0%	24.7%
FY19	OP29 Avg Risk Polyp Surveillance	0.76	0.79	0.816
FY19	OP30 High risk Polyp Surveillance	0.78	0.82	0.840
FY19	OP3b Median Time to Transfer AMI	47.5	RETIRED	RETIRED
FY19	OP5 Median Time to ECG AMI and Chest Pain	5.22	RETIRED	RETIRED
FY19	OP4 Aspirin at Arrival AMI Chest Pain	0.97	0.94	RETIRED
FY19	ED1b ED Door to Transport	227.29	210.49	229.800
FY19	ED2b ED Decision to Transport	69.00	62.00	84.800
FY19	OP18b Avg time ED arrival to discharge	124.5	129.17	123.000
FY19	OP20 Door to Diagnostic Evaluation	15.09	16.34	RETIRED
FY19	OP21 Time to pain medication for long bone fractures (RETIRED)	37.84	45.29	RETIRED

MMYY	QUALITY MONITORING MEASURES	Baseline	FY18	FY19
FY19	OP22 Left without being seen	0.9%	0.6%	0.9%
FY19	OP23 Head CT stroke patients	0.85	0.79	0.768
FY19	IMM2 Immunization for Influenza	0.97	0.99	0.965
FY19	IMM3OP27 FACADHPCT HCW Influenza Vaccination	0.97	0.98	0.995
FY19	VTE6 HAC VTE	0.02	0.03	0.011
FY19	PC01 Elective Delivery	0.01	0.01	0.020
FY19	Hip and Knee Complications	0.03	0.05	1.90
FY19	PSI90 Complications / patient safety for selected indicators	0.83	0.93	1.00
FY19	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	145.16	149.69
FY19	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	19.2%	17.8%
FY19	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	11.8%	12.0%
FY19	READM30HF Heart Failure 30Day readmissions rate	20.5%	23.8%	13.4%
FY19	READM30PN Pneumonia 30day readmission rate	17.7%	15.9%	14.3%
FY19	READM30 STK Stroke 30day readmission rate	9.0%	13.5%	10.0%
FY19	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.0%	8.9%
FY19	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	4.8%	3.5%
FY19	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission	12.0%	12.9%	11.0%
FY19	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	1.8%
FY19	MORT30 COPD 30day mortality rate COPD patients	1.8%	2.1%	2.3%
FY19	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	5.0%	3.9%
FY19	MORT30HF Heart failure 30day mortality rate	3.9%	3.3%	3.5%
FY19	MORT30PN Pneumonia 30day mortality rate	4.7%	3.8%	4.4%
FY19	MORT30STK Stroke 30day mortality rate	8.2%	4.5%	5.35%



ATTACHMENT 10

COMPARISON TO SYSTEMS METHODOLOGY



Annual Report to the TN DOH and VA DOH Methodology for Selection of Comparison Systems Report

Contact: Melanie Stanton

Ballad Health Performance Improvement and Quality September 30, 2019

This report provides a summary of the methodology for selection of “similarly-sized” hospital system as established in the TN Terms of Certification 4.02(c) (ii), Exhibit G. ***There are significant challenges with the selection of “similarly-sized” hospital systems, as “size” of the system, even with some of the factors taken into consideration, is not a standard for comparison in the industry without appropriate adjustment for scope of services, community characteristics, revenue impact of federal reimbursements (i.e., Ballad Health hospitals have historically had among the 2nd lowest Medicare Area Wage Index in the United States), payer mix (i.e., Ballad Health hospitals have a payer mix which approximately 70 percent government payer and charity/uninsured), and the general rural nature of the Ballad Health service area compared to the more urban and suburban nature of the comparison hospitals. Based on these factors, there are significant differences in resources available and there is no standard for adjustment based on the differences. Ballad Health cautions against any conclusions based on these comparisons.***

Three of the six organizations have been involved in mergers over the past year. To maintain consistent comparisons from last year, the same hospitals were used for the attached report. Aurora Health merged with Advocate in April 2018 creating a system of 27 hospitals. Mercy Health merged with Bon Secours in September 2018, creating a system of 43 hospitals. Unity Point Health and Sanford Health have signed a letter of intent to merge. The transaction is expected to be completed by the end of 2019, creating a system of 76 hospitals. New comparison organization will be selected for next year in collaboration with Tennessee and Virginia as Ballad Health finalizes the implementation of a single quality platform to Premier.

Selection criteria ranked by priority:

- Not-for-profit
- Net revenue
- Aligned with Premier as quality partner – *allows for better benchmarking and best practice sharing*
- Bed size and number of hospitals
- Rural hospitals and similar services
- Location – *allows for travel for site visits*
- Epic EHR
- Top performers

	Aurora Health	Baptist Memorial	Carilion Clinic	Mercy Health	Texas Health	Unity Point Health
Net Revenue	3.4	2.4	1.5	3.9	4.1	3.6
Bed Size - Staffed	2100	2760	908	3281	3630	3056
# of Hospitals	15	21	8	23	28	36
Location	Milwaukee, WI	Memphis, TN	Roanoke, VA	Cincinnati, OH	Arlington, TX	Des Moines, IA
Ranking	#23	#24	NA	#15	#22	#19



- Five of the six selected healthcare systems are ranked in the top 25 of the largest not-for-profit hospital systems in America. The sixth selection is a Virginia-based hospital system located close to Ballad Health and meets most of the criteria. Having a Tennessee- and Virginia-based system was important in the selection process for comparisons and benchmarking purposes.
- All selected healthcare organizations are not-for-profit systems, utilize Premier as the quality advisor vendor and utilize Epic as the electronic health record.
- All selected systems include rural hospitals and similar services.



ATTACHMENT 11

COMPARISON TO SIMILARLY-SIZED SYSTEMS

		Top 10% in the Nation	National Average	Ballad Health**	Aurora	Baptist	Carilion	Mercy	Texas	Unity	Peer Group	
↓	PSI 3 Pressure sores	07/01/2015-06/30/2018	0.210	0.380	0.776	0.575	0.451	0.579	0.221	0.338	0.193	0.448
↓	PSI 6 Collapsed lung due to medical treatment	07/01/2015-06/30/2018	0.240	0.270	0.304	0.311	0.236	0.352	0.276	0.251	0.304	0.291
↓	PSI 8 Broken hip from a fall after surgery	07/01/2015-06/30/2018	0.100	0.110	0.123	0.100	0.121	0.116	0.110	0.102	0.101	0.110
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	07/01/2015-06/30/2018	2.300	2.530	2.208	3.344	2.562	2.814	2.570	2.436	2.630	2.652
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	07/01/2015-06/30/2018	1.200	1.350	1.282	1.655	2.165	2.398	1.458	1.381	1.462	1.686
↓	PSI 11 Postoperative Respiratory Failure Rate	07/01/2015-06/30/2018	5.540	7.350	11.625	10.642	8.915	6.345	8.034	7.499	7.187	8.607
↓	PSI 12 Serious blood clots after surgery	07/01/2015-06/30/2018	3.080	3.850	3.889	3.759	4.023	4.070	3.241	3.693	3.332	3.715
↓	PSI 13 Postoperative Sepsis Rate	07/01/2015-06/30/2018	4.360	5.090	4.919	4.558	5.016	5.300	4.744	4.445	5.136	4.874
↓	PSI 14 A wound that splits open after surgery on the abdomen or pelvis	07/01/2015-06/30/2018	0.860	0.920	0.857	0.969	0.707	1.569	0.925	1.026	0.950	1.000
↓	PSI 15 Accidental cuts and tears from medical treatment	07/01/2015-06/30/2018	1.090	1.240	1.369	1.086	1.231	1.207	1.301	1.192	1.212	1.228
↓	CLABSI NHSN Rate	10/01/2017-09/30/2018	0.000	0.506	0.628	0.681	0.778	0.267	0.395	0.724	0.703	0.597
↓	CAUTI NHSN Rate	10/01/2017-09/30/2018	0.000	0.804	0.665	1.023	0.701	1.645	0.721	0.946	0.787	0.927
↓	SSI COLON Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	2.228	2.406	2.262	2.793	3.681	2.004	1.318	1.866	2.333
↓	SSI HYST Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	0.844	0.563	1.697	0.746	0.896	0.674	1.036	0.231	0.835
↓	MRSA NHSN Rate	10/01/2017-09/30/2018	0.000	0.087	0.077	0.017	0.074	0.061	0.043	0.043	0.037	0.050
↓	CDIFF NHSN Rate	10/01/2017-09/30/2018	0.000	0.997	0.557	0.562	0.848	0.695	0.333	0.425	0.524	0.564

		Top 10% in the Nation	National Average	Ballad Health **	Aurora	Baptist	Carilion	Mercy	Texas	Unity	Peer Group	
↑	Patients who reported that their nurses "Always" communicated well	10/01/2017-09/30/2018	87.0	81.0	81.9	83.9	84.3	80.8	80.0	81.6	79.4	81.7
↓	Patients who reported that their nurses "Usually" communicated well	10/01/2017-09/30/2018	10.0	15.0	14.2	13.8	12.7	16.2	16.6	14.8	17.6	15.1
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	2.0	4.0	3.9	2.3	3.0	3.0	3.4	3.6	3.0	3.2
↑	Patients who reported that their doctors "Always" communicated well	10/01/2017-09/30/2018	88.0	81.0	82.7	84.1	85.4	82.5	79.9	81.6	79.9	82.3
↓	Patients who reported that their doctors "Usually" communicated well	10/01/2017-09/30/2018	8.0	15.0	13.1	13.3	10.7	13.5	16.1	14.4	16.0	13.9
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	4.0	4.0	4.3	2.7	3.9	4.0	4.0	4.1	4.1	3.9
↑	Patients who reported that they "Always" received help as soon as they wanted	10/01/2017-09/30/2018	82.0	70.0	72.5	71.6	71.5	66.3	66.0	70.6	63.6	68.9
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/01/2017-09/30/2018	13.0	22.0	19.9	23.1	19.9	24.0	25.6	22.3	28.4	23.3
↓	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/01/2017-09/30/2018	3.0	8.0	7.6	5.3	8.5	9.7	8.4	7.2	8.0	7.8
↑	Patients who reported that staff "Always" explained about medicines before giving it to them	10/01/2017-09/30/2018	75.0	66.0	67.8	69.1	66.4	63.2	61.4	65.4	63.1	65.2
↓	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/01/2017-09/30/2018	13.0	17.0	16.1	17.4	16.1	19.0	18.9	16.7	19.5	17.7

		Top 10% in the Nation	National Average	Ballad Health**	Aurora	Baptist	Carilion	Mercy	Texas	Unity	Peer Group	
↓	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/01/2017-09/30/2018	10.0	17.0	16.2	13.5	17.5	17.8	19.7	17.9	17.4	17.1
↑	Patients who reported that their room and bathroom were "Always" clean	10/01/2017-09/30/2018	86.0	75.0	77.6	78.3	75.3	80.0	73.0	76.7	73.4	76.3
↓	Patients who reported that their room and bathroom were "Usually" clean	10/01/2017-09/30/2018	11.0	18.0	15.4	16.3	15.4	14.3	18.5	16.5	18.9	16.5
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/01/2017-09/30/2018	3.0	7.0	7.1	5.5	9.3	5.7	8.6	6.8	7.6	7.2
↑	Patients who reported that the area around their room was "Always" quiet at night	10/01/2017-09/30/2018	74.0	62.0	64.3	61.4	74.7	56.3	57.5	68.5	60.4	63.3
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/01/2017-09/30/2018	21.0	28.0	27.3	30.8	20.6	32.5	32.9	24.8	30.9	28.5
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/01/2017-09/30/2018	3.0	10.0	8.4	7.8	4.7	11.2	9.6	6.6	8.6	8.2
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/01/2017-09/30/2018	82.0	87.0	86.8	90.9	82.9	87.7	87.4	88.1	88.7	87.5
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/01/2017-09/30/2018	18.0	13.0	13.2	9.1	17.1	12.3	12.6	11.9	11.3	12.5
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	61.0	53.0	53.3	56.7	52.3	50.7	50.6	55.8	52.2	53.1

		Top 10% in the Nation	National Average	Ballad Health **	Aurora	Baptist	Carilion	Mercy	Texas	Unity	Peer Group	
↓	Patients who "Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	35.0	42.0	42.1	39.8	43.0	46.0	44.6	39.8	43.9	42.7
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/01/2017-09/30/2018	2.0	5.0	4.6	3.5	4.7	3.3	4.8	4.4	3.9	4.2
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	80.0	73.0	75.2	77.3	75.7	73.3	71.4	77.6	72.8	74.8
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	16.0	19.0	17.1	17.4	17.0	20.3	20.9	16.6	20.6	18.6
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	4.0	8.0	7.8	5.3	7.3	6.3	7.7	5.8	6.6	6.7
↑	Patients who reported YES, they would definitely recommend the hospital	10/01/2017-09/30/2018	83.0	72.0	73.0	76.0	73.7	72.5	69.5	77.7	72.2	73.5
↓	Patients who reported YES, they would probably recommend the hospital	10/01/2017-09/30/2018	16.0	23.0	22.3	20.6	21.7	24.0	25.7	18.4	24.4	22.4
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/01/2017-09/30/2018	1.0	4.0	4.7	3.4	4.6	3.5	4.8	3.9	3.4	4.0
↑	OP29 Avg Risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	87.0	78.1	98.4	76.3	91.3	94.1	78.4	86.4	86.1
↑	OP30 High risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	90.9	78.2	98.5	86.8	98.3	91.0	88.6	83.5	89.3
↓	OP3b Median Time to Transfer AMI	10/01/2017-09/30/2018	34.0	62.8	55.7	39.0	91.0	--	57.5	49.3	39.0	55.3
↓	OP5 Median Time to ECG AMI and Chest Pain	10/01/2017-09/30/2018	4.0	8.2	7.2	4.5	8.5	9.4	7.5	6.7	7.3	7.3
↓	ED1b ED Door to Transport	10/01/2017-09/30/2018	166.4	272.0	235.1	194.6	203.5	288.7	261.0	289.1	238.4	244.3

		Top 10% in the Nation	National Average	Ballad Health**	Aurora	Baptist	Carilion	Mercy	Texas	Unity	Peer Group	
↓	ED2b ED Decision to Transport	10/01/2017-09/30/2018	33.0	100.8	71.2	47.7	48.7	88.3	105.5	127.6	85.7	82.1
↓	OP18b Avg time ED arrival to discharge	10/01/2017-09/30/2018	92.0	135.0	128.1	132.8	119.4	178.7	131.8	157.9	137.3	140.8
↓	OP22 Left without being seen	10/01/2017-09/30/2018	0.0	1.5	0.8	0.3	1.3	2.2	0.9	2.3	1.1	1.3
↑	OP23 Head CT stroke patients	10/01/2017-09/30/2018	94.0	73.6	84.4	84.8	66.1	31.0	60.1	79.6	75.4	68.8
↑	IMM2 Immunization for Influenza	10/01/2017-09/30/2018	100.0	91.0	98.4	97.6	90.3	97.2	90.8	98.7	93.4	95.2
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	10/01/2017-09/30/2018	99.0	87.2	98.0	98.2	96.9	75.2	82.3	93.0	89.3	90.4
↓	VTE6 HAC VTE	10/01/2017-09/30/2018	0.0	3.0	1.0	0.8	1.0	18.0	4.1	4.0	4.5	4.8
↓	PC01 Elective Delivery	10/01/2017-09/30/2018	0.0	1.7	1.0	1.5	0.4	1.0	1.3	3.5	2.3	1.6
↓	Hip and Knee Complications	07/01/2015-06/30/2018	2.2	2.5	2.7	2.5	2.8	2.2	2.5	2.1	2.5	2.5
↓	PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery	07/01/2015-06/30/2018	147.5	163.0	179.4	169.5	169.0	205.1	154.5	165.7	173.4	173.8
↓	PSI 90 Serious complications	07/01/2015-06/30/2018	0.81	0.99	1.04	0.98	0.99	1.01	0.92	0.92	0.91	0.97
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	07/01/2015-06/30/2018	9.9	12.8	12.1	11.2	14.6	12.3	12.5	13.8	22.1	14.1
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	07/01/2015-06/30/2018	17.0	19.5	21.0	19.3	20.4	19.8	19.3	19.7	37.0	22.4
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	07/01/2015-06/30/2018	2.9	4.0	4.4	4.0	4.2	3.5	4.0	4.1	7.2	4.5
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	07/01/2015-06/30/2018	13.3	15.7	16.7	14.6	15.6	14.7	16.0	15.9	22.8	16.6
↓	READM30HF Heart Failure 30Day readmissions rate	07/01/2015-06/30/2018	18.0	21.6	23.1	20.1	23.1	21.5	21.3	21.0	41.8	24.6

		Top 10% in the Nation	National Average	Ballad Health**	Aurora	Baptist	Carilion	Mercy	Texas	Unity	Peer Group	
↓	READM30PN Pneumonia 30day readmission rate	07/01/2015-06/30/2018	14.1	16.6	18.7	16.0	17.9	16.9	16.8	16.7	32.1	19.3
↓	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission	07/01/2017-06/30/2018	13.5	15.3	16.1	14.7	16.0	15.5	15.4	15.1	29.3	17.4
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	07/01/2015-06/30/2018	2.4	3.1	3.1	2.2	3.9	2.3	3.3	3.3	2.8	3.0
↓	MORT30 COPD 30day mortality rate COPD patients	07/01/2015-06/30/2018	7.6	8.5	8.6	8.1	8.4	8.8	7.9	9.3	9.4	8.6
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	07/01/2015-06/30/2018	11.9	12.9	12.8	12.7	12.9	12.7	12.3	13.5	13.1	12.9
↓	MORT30HF Heart failure 30day mortality rate	07/01/2015-06/30/2018	10.2	11.5	12.0	11.2	11.6	11.5	10.3	11.6	13.5	11.7
↓	MORT30PN Pneumonia 30day mortality rate	07/01/2015-06/30/2018	14.0	15.6	16.4	14.4	15.2	16.1	14.8	15.9	16.8	15.7
↓	MORT30STK Stroke 30day mortality rate	07/01/2015-06/30/2018	12.7	13.8	15.1	14.2	13.7	14.4	12.8	13.8	14.7	14.1
	OP8- MRI Lumbar Spine for Low Back Pain	07/01/2017-06/30/2018	24.8	38.7	38.1	39.3	43.7	31.0	35.2	42.2	30.6	37.2
	OP9- Mammography Follow-up Rates	07/01/2017-06/30/2018	1.7	8.9	7.2	6.1	8.7	8.0	8.6	7.3	9.1	7.9
	OP10- Abdomen CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	6.9	6.5	7.5	7.2	6.9	5.4	9.0	4.2	6.7
	OP11 -Thorax CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	1.4	0.8	0.4	3.0	1.3	1.6	4.6	1.2	1.8
	OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	07/01/2017-06/30/2018	0.0	4.7	4.0	6.1	5.4	5.2	5.0	4.5	3.7	4.8
	OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time	07/01/2017-06/30/2018	0.0	1.2	0.8	1.0	0.9	0.9	1.0	1.0	0.7	0.9

		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	
↓	PSI 3 Pressure sores	07/01/2015-06/30/2018	0.210	0.380	0.14	1.65	2.08	0.10	0.18
↓	PSI 6 Collapsed lung due to medical treatment	07/01/2015-06/30/2018	0.240	0.270	0.32	0.40	0.27	0.25	0.29
↓	PSI 8 Broken hip from a fall after surgery	07/01/2015-06/30/2018	0.100	0.110	0.11	0.13	0.17	0.10	0.10
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	07/01/2015-06/30/2018	2.300	2.530	2.08	1.57	2.91	2.37	2.34
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	07/01/2015-06/30/2018	1.200	1.350	1.520	1.290	0.930	1.560	1.300
↓	PSI 11 Postoperative Respiratory Failure Rate	07/01/2015-06/30/2018	5.540	7.350	12.220	12.140	12.520	11.450	11.800
↓	PSI 12 Serious blood clots after surgery	07/01/2015-06/30/2018	3.080	3.850	4.550	4.440	2.530	3.190	4.690
↓	PSI 13 Postoperative Sepsis Rate	07/01/2015-06/30/2018	4.360	5.090	5.430	4.780	4.330	4.630	6.480
↓	PSI 14 A wound that splits open after surgery on the abdomen or pelvis	07/01/2015-06/30/2018	0.860	0.920	0.810	0.800	0.820	0.860	0.910
↓	PSI 15 Accidental cuts and tears from medical treatment	07/01/2015-06/30/2018	1.090	1.240	1.560	1.090	1.320	1.280	1.500
↓	CLABSI NHSN Rate	10/01/2017-09/30/2018	0.000	0.506	1.284	0.169	0.399	0.402	0.000
↓	CAUTI NHSN Rate	10/01/2017-09/30/2018	0.000	0.804	1.688	0.495	0.861	0.356	0.000
↓	SSI COLON Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	2.228	4.724	2.222	0.676	0.000	1.667
↓	SSI HYST Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	0.844	0.000	0.288	1.639	0.000	0.000

		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	
↓	MRSA NHSN Rate	10/01/2017-09/30/2018	0.000	0.087	0.096	0.057	0.094	0.033	0.050
↓	CDIFF NHSN Rate	10/01/2017-09/30/2018	0.000	0.997	0.435	1.056	0.541	0.360	0.536
↑	Patients who reported that their nurses "Always" communicated well	10/01/2017-09/30/2018	87.0	81.0	76.0	78.0	82.0	79.0	81.0
↓	Patients who reported that their nurses "Usually" communicated well	10/01/2017-09/30/2018	10.0	15.0	19.0	16.0	14.0	16.0	15.0
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	2.0	4.0	5.0	6.0	4.0	5.0	4.0
↑	Patients who reported that their doctors "Always" communicated well	10/01/2017-09/30/2018	88.0	81.0	76.0	78.0	80.0	82.0	83.0
↓	Patients who reported that their doctors "Usually" communicated well	10/01/2017-09/30/2018	8.0	15.0	18.0	17.0	15.0	14.0	12.0
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	4.0	4.0	6.0	5.0	5.0	4.0	5.0
↑	Patients who reported that they "Always" received help as soon as they wanted	10/01/2017-09/30/2018	82.0	70.0	66.0	66.0	69.0	60.0	64.0
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/01/2017-09/30/2018	13.0	22.0	25.0	24.0	21.0	29.0	26.0
↓	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/01/2017-09/30/2018	3.0	8.0	9.0	10.0	10.0	11.0	10.0

		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	
↑	Patients who reported that staff "Always" explained about medicines before giving it to them	10/01/2017-09/30/2018	75.0	66.0	60.0	63.0	63.0	61.0	65.0
↓	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/01/2017-09/30/2018	13.0	17.0	19.0	21.0	18.0	19.0	16.0
↓	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/01/2017-09/30/2018	10.0	17.0	21.0	16.0	19.0	20.0	19.0
↑	Patients who reported that their room and bathroom were "Always" clean	10/01/2017-09/30/2018	86.0	75.0	63.0	63.0	67.0	76.0	80.0
↓	Patients who reported that their room and bathroom were "Usually" clean	10/01/2017-09/30/2018	11.0	18.0	23.0	23.0	21.0	17.0	15.0
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/01/2017-09/30/2018	3.0	7.0	14.0	14.0	12.0	7.0	5.0
↑	Patients who reported that the area around their room was "Always" quiet at night	10/01/2017-09/30/2018	74.0	62.0	51.0	58.0	61.0	64.0	65.0
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/01/2017-09/30/2018	21.0	28.0	37.0	31.0	29.0	29.0	28.0
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/01/2017-09/30/2018	3.0	10.0	12.0	11.0	10.0	7.0	7.0

		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/01/2017-09/30/2018	82.0	87.0	85.0	88.0	88.0	86.0
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/01/2017-09/30/2018	18.0	13.0	15.0	12.0	12.0	14.0
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	61.0	53.0	47.0	53.0	56.0	49.0
↓	Patients who "Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	35.0	42.0	47.0	42.0	40.0	45.0
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/01/2017-09/30/2018	2.0	5.0	6.0	5.0	4.0	6.0
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	80.0	73.0	62.0	73.0	75.0	70.0
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	16.0	19.0	26.0	18.0	17.0	20.0
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	4.0	8.0	12.0	9.0	8.0	10.0

		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	
↑	Patients who reported YES, they would definitely recommend the hospital	10/01/2017-09/30/2018	83.0	72.0	61.0	76.0	77.0	67.0	79.0
↓	Patients who reported YES, they would probably recommend the hospital	10/01/2017-09/30/2018	16.0	23.0	32.0	19.0	19.0	26.0	15.0
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/01/2017-09/30/2018	1.0	4.0	7.0	5.0	4.0	7.0	6.0
↑	OP29 Avg Risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	87.0	65.0	76.0	52.0	100.0	100.0
↑	OP30 High risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	90.9	55.0	93.0	48.0	100.0	--
↓	OP3b Median Time to Transfer AMI	10/01/2017-09/30/2018	34.0	62.8	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain	10/01/2017-09/30/2018	4.0	8.2	--	--	--	4.0	7.0
↓	ED1b ED Door to Transport	10/01/2017-09/30/2018	166.4	272.0	275.0	421.0	282.0	246.0	211.0
↓	ED2b ED Decision to Transport	10/01/2017-09/30/2018	33.0	100.8	112.0	191.0	110.0	79.0	62.0
↓	OP18b Avg time ED arrival to discharge	10/01/2017-09/30/2018	92.0	135.0	158.0	170.0	147.0	143.0	125.0
↓	OP22 Left without being seen	10/01/2017-09/30/2018	0.0	1.5	1.0	2.0	2.0	0.0	1.0
↑	OP23 Head CT stroke patients	10/01/2017-09/30/2018	94.0	73.6	--	89.0	100.0	62.0	--
↑	IMM2 Immunization for Influenza	10/01/2017-09/30/2018	100.0	91.0	98.0	99.0	98.0	96.0	100.0
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	10/01/2017-09/30/2018	99.0	87.2	100.0	92.0	99.0	99.0	98.0
↓	VTE6 HAC VTE	10/01/2017-09/30/2018	0.0	3.0	0.0	3.0	0.0	--	--

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↓	PC01 Elective Delivery	10/01/2017-09/30/2018	0.0	1.7	0.0	0.0	0.0	3.0	0.0
↓	Hip and Knee Complications	07/01/2015-06/30/2018	2.2	2.5	2.7	2.7	2.2	3.5	3.7
↓	PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery	07/01/2015-06/30/2018	147.5	163.0	186.1	180.8	197.3	169.4	150.2
↓	PSI 90 Serious complications	07/01/2015-06/30/2018	0.81	0.99	1.11	1.44	1.44	0.96	1.15
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	07/01/2015-06/30/2018	9.9	12.8	11.4	12.4	12.5	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	07/01/2015-06/30/2018	17.0	19.5	18.1	20.4	19.1	19.2	18.6
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	07/01/2015-06/30/2018	2.9	4.0	4.7	5.1	3.6	4.1	4.8
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	07/01/2015-06/30/2018	13.3	15.7	16.7	16.2	17.4	16.7	15.6
↓	READM30HF Heart Failure 30Day readmissions rate	07/01/2015-06/30/2018	18.0	21.6	22.0	24.0	22.6	25.2	22.0
↓	READM30PN Pneumonia 30day readmission rate	07/01/2015-06/30/2018	14.1	16.6	17.9	17.8	19.2	18.0	16.7
↓	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission	07/01/2017-06/30/2018	13.5	15.3	15.6	16.1	15.9	15.9	15.0
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	07/01/2015-06/30/2018	2.4	3.1	2.6	3.8	3.1	--	--

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↓	MORT30 COPD 30day mortality rate COPD patients	07/01/2015-06/30/2018	7.6	8.5	9.8	9.0	7.9	9.2	9.1
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	07/01/2015-06/30/2018	11.9	12.9	12.0	12.8	13.0	13.7	12.3
↓	MORT30HF Heart failure 30day mortality rate	07/01/2015-06/30/2018	10.2	11.5	13.9	10.8	10.0	10.6	11.2
↓	MORT30PN Pneumonia 30day mortality rate	07/01/2015-06/30/2018	14.0	15.6	19.5	16.5	15.4	16.4	12.7
↓	MORT30STK Stroke 30day mortality rate	07/01/2015-06/30/2018	12.7	13.8	16.4	14.8	16.2	12.4	13.2
	OP8- MRI Lumbar Spine for Low Back Pain	07/01/2017-06/30/2018	24.8	38.7	35.0	40.7	36.3	39.6	--
	OP9- Mammography Follow-up Rates	07/01/2017-06/30/2018	1.7	8.9	4.9	3.7	10.1	2.7	6.0
	OP10- Abdomen CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	6.9	8.3	11.1	5.5	2.1	7.3
	OP11 -Thorax CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	1.4	0.3	0.0	0.8	0.3	0.0
	OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	07/01/2017-06/30/2018	0.0	4.7	2.8	3.9	5.5	5.9	4.7
	OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time	07/01/2017-06/30/2018	0.0	1.2	1.7	1.2	0.8	0.7	0.4

		Top 10% in the Nation	National Average	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center	NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	LAUGHLIN MEMORIAL HOSPITAL, INC	TAKOMA REGIONAL HOSPITAL	
↓	PSI 3 Pressure sores	07/01/2015-06/30/2018	0.210	0.380	0.32	0.25	0.35	0.30	0.43	0.30	0.33
↓	PSI 6 Collapsed lung due to medical treatment	07/01/2015-06/30/2018	0.240	0.270	0.30	0.30	0.26	0.26	0.27	0.25	0.31
↓	PSI 8 Broken hip from a fall after surgery	07/01/2015-06/30/2018	0.100	0.110	0.11	0.11	0.11	0.11	0.11	0.11	0.11
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	07/01/2015-06/30/2018	2.300	2.530	2.46	2.45	2.74	2.46	--	2.85	2.66
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	07/01/2015-06/30/2018	1.200	1.350	1.340	1.320	1.340	1.330	--	1.270	1.320
↓	PSI 11 Postoperative Respiratory Failure Rate	07/01/2015-06/30/2018	5.540	7.350	6.580	5.280	6.690	9.810	--	7.630	7.420
↓	PSI 12 Serious blood clots after surgery	07/01/2015-06/30/2018	3.080	3.850	4.160	3.470	4.150	3.420	--	3.230	3.990
↓	PSI 13 Postoperative Sepsis Rate	07/01/2015-06/30/2018	4.360	5.090	4.860	4.670	4.950	5.510	--	4.390	5.980
↓	PSI 14 A wound that splits open after surgery on the abdomen or pelvis	07/01/2015-06/30/2018	0.860	0.920	0.940	0.930	--	0.930	--	1.220	0.930
↓	PSI 15 Accidental cuts and tears from medical treatment	07/01/2015-06/30/2018	1.090	1.240	1.220	1.220	1.280	1.230	1.620	1.700	1.510
↓	CLABSI NHSN Rate	10/01/2017-09/30/2018	0.000	0.506	0.000	0.000	0.000	1.043	0.000	0.681	2.230
↓	CAUTI NHSN Rate	10/01/2017-09/30/2018	0.000	0.804	0.509	0.394	0.000	0.463	1.812	0.000	0.000
↓	SSI COLON Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	2.228	0.000	0.000	0.000	5.882	0.000	0.000	2.000
↓	SSI HYST Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	0.844	0.000	0.000	--	0.000	--	--	--

		Top 10% in the Nation	National Average	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center	NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	LAUGHLIN MEMORIAL HOSPITAL, INC	TAKOMA REGIONAL HOSPITAL	
↓	MRSA NHSN Rate	10/01/2017-09/30/2018	0.000	0.087	0.000	0.098	0.000	0.204	0.000	0.120	
↓	CDIFF NHSN Rate	10/01/2017-09/30/2018	0.000	0.997	0.504	0.205	0.330	0.882	0.259	0.403	
↑	Patients who reported that their nurses "Always" communicated well	10/01/2017-09/30/2018	87.0	81.0	79.0	84.0	84.0	80.0	83.0	75.0	79.0
↓	Patients who reported that their nurses "Usually" communicated well	10/01/2017-09/30/2018	10.0	15.0	15.0	14.0	13.0	16.0	14.0	18.0	16.0
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	2.0	4.0	6.0	2.0	3.0	4.0	3.0	7.0	5.0
↑	Patients who reported that their doctors "Always" communicated well	10/01/2017-09/30/2018	88.0	81.0	82.0	86.0	87.0	83.0	82.0	82.0	78.0
↓	Patients who reported that their doctors "Usually" communicated well	10/01/2017-09/30/2018	8.0	15.0	12.0	12.0	10.0	13.0	13.0	14.0	14.0
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	4.0	4.0	6.0	2.0	3.0	4.0	5.0	4.0	8.0
↑	Patients who reported that they "Always" received help as soon as they wanted	10/01/2017-09/30/2018	82.0	70.0	79.0	64.0	71.0	72.0	84.0	62.0	77.0
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/01/2017-09/30/2018	13.0	22.0	15.0	26.0	21.0	20.0	12.0	24.0	16.0
↓	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/01/2017-09/30/2018	3.0	8.0	6.0	10.0	8.0	8.0	4.0	14.0	7.0

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↑	Patients who reported that staff "Always" explained about medicines before giving it to them	10/01/2017-09/30/2018	75.0	66.0	71.0	66.0	70.0	69.0	70.0	67.0	64.0
↓	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/01/2017-09/30/2018	13.0	17.0	13.0	15.0	13.0	15.0	18.0	14.0	17.0
↓	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/01/2017-09/30/2018	10.0	17.0	16.0	19.0	17.0	16.0	12.0	19.0	19.0
↑	Patients who reported that their room and bathroom were "Always" clean	10/01/2017-09/30/2018	86.0	75.0	81.0	80.0	85.0	81.0	82.0	67.0	74.0
↓	Patients who reported that their room and bathroom were "Usually" clean	10/01/2017-09/30/2018	11.0	18.0	14.0	16.0	10.0	14.0	13.0	21.0	16.0
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/01/2017-09/30/2018	3.0	7.0	5.0	4.0	5.0	5.0	5.0	12.0	10.0
↑	Patients who reported that the area around their room was "Always" quiet at night	10/01/2017-09/30/2018	74.0	62.0	66.0	58.0	65.0	69.0	68.0	55.0	65.0
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/01/2017-09/30/2018	21.0	28.0	25.0	31.0	30.0	25.0	22.0	30.0	26.0
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/01/2017-09/30/2018	3.0	10.0	9.0	11.0	5.0	6.0	10.0	15.0	9.0

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↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/01/2017-09/30/2018	82.0	87.0	86.0	84.0	88.0	87.0	88.0	85.0	89.0
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/01/2017-09/30/2018	18.0	13.0	14.0	16.0	12.0	13.0	12.0	15.0	11.0
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	61.0	53.0	49.0	51.0	53.0	53.0	56.0	50.0	54.0
↓	Patients who "Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	35.0	42.0	45.0	45.0	43.0	42.0	40.0	44.0	41.0
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/01/2017-09/30/2018	2.0	5.0	6.0	4.0	4.0	5.0	4.0	6.0	5.0
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	80.0	73.0	71.0	74.0	81.0	74.0	74.0	68.0	76.0
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	16.0	19.0	23.0	18.0	12.0	19.0	19.0	19.0	15.0
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	4.0	8.0	6.0	8.0	7.0	7.0	7.0	13.0	9.0

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↑	Patients who reported YES, they would definitely recommend the hospital	10/01/2017-09/30/2018	83.0	72.0	72.0	70.0	72.0	73.0	73.0	65.0	72.0
↓	Patients who reported YES, they would probably recommend the hospital	10/01/2017-09/30/2018	16.0	23.0	24.0	27.0	23.0	22.0	24.0	27.0	22.0
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/01/2017-09/30/2018	1.0	4.0	4.0	3.0	5.0	5.0	3.0	8.0	6.0
↑	OP29 Avg Risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	87.0	37.0	100.0	100.0	100.0	100.0	92.0	70.0
↑	OP30 High risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	90.9	56.0	100.0	95.0	58.0	96.0	90.0	94.0
↓	OP3b Median Time to Transfer AMI	10/01/2017-09/30/2018	34.0	62.8	--	--	--	--	--	47.0	67.0
↓	OP5 Median Time to ECG AMI and Chest Pain	10/01/2017-09/30/2018	4.0	8.2	6.0	9.0	4.0	5.0	9.0	7.0	11.0
↓	ED1b ED Door to Transport	10/01/2017-09/30/2018	166.4	272.0	244.0	221.0	182.0	224.0	216.0	208.0	271.0
↓	ED2b ED Decision to Transport	10/01/2017-09/30/2018	33.0	100.8	67.0	58.0	39.0	77.0	60.0	65.0	44.0
↓	OP18b Avg time ED arrival to discharge	10/01/2017-09/30/2018	92.0	135.0	121.0	141.0	103.0	125.0	89.0	122.0	159.0
↓	OP22 Left without being seen	10/01/2017-09/30/2018	0.0	1.5	0.0	1.0	0.0	1.0	0.0	1.0	2.0
↑	OP23 Head CT stroke patients	10/01/2017-09/30/2018	94.0	73.6	--	--	--	71.0	--	100.0	--
↑	IMM2 Immunization for Influenza	10/01/2017-09/30/2018	100.0	91.0	99.0	99.0	100.0	100.0	100.0	98.0	96.0
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	10/01/2017-09/30/2018	99.0	87.2	99.0	99.0	98.0	99.0	98.0	95.0	96.0
↓	VTE6 HAC VTE	10/01/2017-09/30/2018	0.0	3.0	--	--	--	--	--	--	--

		Top 10% in the Nation	National Average	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center	NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	LAUGHLIN MEMORIAL HOSPITAL, INC	TAKOMA REGIONAL HOSPITAL	
↓	PC01 Elective Delivery	10/01/2017-09/30/2018	0.0	1.7	0.0	3.0	--	--	0.0	4.0	
↓	Hip and Knee Complications	07/01/2015-06/30/2018	2.2	2.5	--	--	2.3	2.9	--	2.8	3.7
↓	PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery	07/01/2015-06/30/2018	147.5	163.0	--	--	--	--	159.4	--	
↓	PSI 90 Serious complications	07/01/2015-06/30/2018	0.81	0.99	0.93	0.83	0.95	1.01	0.98	0.90	1.02
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	07/01/2015-06/30/2018	9.9	12.8	--	--	--	--	--	--	
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	07/01/2015-06/30/2018	17.0	19.5	19.6	18.7	19.6	22.4	19.3	20.1	20.5
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	07/01/2015-06/30/2018	2.9	4.0	--	--	3.8	4.1	--	3.6	4.5
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	07/01/2015-06/30/2018	13.3	15.7	--	--	--	--	17.4	--	
↓	READM30HF Heart Failure 30Day readmissions rate	07/01/2015-06/30/2018	18.0	21.6	24.8	25.3	21.8	22.4	21.9	23.0	21.1
↓	READM30PN Pneumonia 30day readmission rate	07/01/2015-06/30/2018	14.1	16.6	19.1	16.9	16.9	18.9	16.3	19.3	17.3
↓	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission	07/01/2017-06/30/2018	13.5	15.3	15.5	15.0	15.0	16.7	15.0	15.4	15.2
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	07/01/2015-06/30/2018	2.4	3.1	--	--	--	--	--	--	
↓	MORT30 COPD 30day mortality rate COPD patients	07/01/2015-06/30/2018	7.6	8.5	9.2	6.6	8.5	8.4	8.7	9.4	9.4

		Top 10% in the Nation	National Average	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center	NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	LAUGHLIN MEMORIAL HOSPITAL, INC	TAKOMA REGIONAL HOSPITAL	
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	07/01/2015-06/30/2018	11.9	12.9	13.7	13.1	--	13.5	--	13.4	--
↓	MORT30HF Heart failure 30day mortality rate	07/01/2015-06/30/2018	10.2	11.5	14.3	10.1	13.9	11.1	12.5	14.5	11.4
↓	MORT30PN Pneumonia 30day mortality rate	07/01/2015-06/30/2018	14.0	15.6	15.2	13.6	13.6	15.8	18.1	19.9	17.9
↓	MORT30STK Stroke 30day mortality rate	07/01/2015-06/30/2018	12.7	13.8	--	13.7	13.9	13.2	--	13.2	13.3
	OP8- MRI Lumbar Spine for Low Back Pain	07/01/2017-06/30/2018	24.8	38.7	32.7	44.4	--	--	--	--	--
	OP9- Mammography Follow-up Rates	07/01/2017-06/30/2018	1.7	8.9	7.7	7.8	3.9	7.5	4.4	13.8	16.3
	OP10- Abdomen CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	6.9	5.2	5.4	0.9	7.7	5.7	7.9	5.2
	OP11 -Thorax CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	1.4	0.6	0.7	0.0	0.0	4.5	4.7	0.4
	OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	07/01/2017-06/30/2018	0.0	4.7	0.0	4.2	4.4	--	--	5.3	0.0
	OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time	07/01/2017-06/30/2018	0.0	1.2	1.2	0.9	0.3	--	0.0	--	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL
↓	PSI 3 Pressure sores	07/01/2015-06/30/2018	0.210	0.380	0.41	0.46	--	--
↓	PSI 6 Collapsed lung due to medical treatment	07/01/2015-06/30/2018	0.240	0.270	0.26	0.27	--	--
↓	PSI 8 Broken hip from a fall after surgery	07/01/2015-06/30/2018	0.100	0.110	0.11	0.11	--	--
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	07/01/2015-06/30/2018	2.300	2.530	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	07/01/2015-06/30/2018	1.200	1.350	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	07/01/2015-06/30/2018	5.540	7.350	--	--	--	--
↓	PSI 12 Serious blood clots after surgery	07/01/2015-06/30/2018	3.080	3.850	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	07/01/2015-06/30/2018	4.360	5.090	--	--	--	--
↓	PSI 14 A wound that splits open after surgery on the abdomen or pelvis	07/01/2015-06/30/2018	0.860	0.920	--	--	--	--
↓	PSI 15 Accidental cuts and tears from medical treatment	07/01/2015-06/30/2018	1.090	1.240	1.290	--	--	--
↓	CLABSI NHSN Rate	10/01/2017-09/30/2018	0.000	0.506	0.000	0.000	--	--
↓	CAUTI NHSN Rate	10/01/2017-09/30/2018	0.000	0.804	0.000	0.000	--	--
↓	SSI COLON Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	2.228	--	--	--	--
↓	SSI HYST Surgical Site Infection NHSN Rate	10/01/2017-09/30/2018	0.000	0.844	--	--	--	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL
↓	MRSA NHSN Rate	10/01/2017-09/30/2018	0.000	0.087	0.354	0.000	--	--
↓	CDIFF NHSN Rate	10/01/2017-09/30/2018	0.000	0.997	0.708	0.000	--	--
↑	Patients who reported that their nurses "Always" communicated well	10/01/2017-09/30/2018	87.0	81.0	89.0	85.0	94.0	--
↓	Patients who reported that their nurses "Usually" communicated well	10/01/2017-09/30/2018	10.0	15.0	8.0	14.0	5.0	--
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	2.0	4.0	3.0	1.0	1.0	--
↑	Patients who reported that their doctors "Always" communicated well	10/01/2017-09/30/2018	88.0	81.0	91.0	86.0	91.0	--
↓	Patients who reported that their doctors "Usually" communicated well	10/01/2017-09/30/2018	8.0	15.0	8.0	13.0	8.0	--
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/01/2017-09/30/2018	4.0	4.0	1.0	1.0	1.0	--
↑	Patients who reported that they "Always" received help as soon as they wanted	10/01/2017-09/30/2018	82.0	70.0	80.0	82.0	100.0	--
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/01/2017-09/30/2018	13.0	22.0	17.0	15.0	0.0	--
↓	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/01/2017-09/30/2018	3.0	8.0	3.0	3.0	0.0	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL	
↑	Patients who reported that staff "Always" explained about medicines before giving it to them	10/01/2017-09/30/2018	75.0	66.0	55.0	70.0	92.0	--	--
↓	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/01/2017-09/30/2018	13.0	17.0	32.0	18.0	8.0	--	--
↓	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/01/2017-09/30/2018	10.0	17.0	13.0	12.0	0.0	--	--
↑	Patients who reported that their room and bathroom were "Always" clean	10/01/2017-09/30/2018	86.0	75.0	82.0	86.0	97.0	--	--
↓	Patients who reported that their room and bathroom were "Usually" clean	10/01/2017-09/30/2018	11.0	18.0	15.0	10.0	3.0	--	--
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/01/2017-09/30/2018	3.0	7.0	3.0	4.0	0.0	--	--
↑	Patients who reported that the area around their room was "Always" quiet at night	10/01/2017-09/30/2018	74.0	62.0	65.0	73.0	75.0	--	--
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/01/2017-09/30/2018	21.0	28.0	29.0	18.0	21.0	--	--
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/01/2017-09/30/2018	3.0	10.0	6.0	9.0	4.0	--	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL	
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/01/2017-09/30/2018	82.0	87.0	84.0	85.0	92.0	--	--
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/01/2017-09/30/2018	18.0	13.0	16.0	15.0	8.0	--	--
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	61.0	53.0	57.0	59.0	63.0	--	--
↓	Patients who "Agree" they understood their care when they left the hospital	10/01/2017-09/30/2018	35.0	42.0	42.0	38.0	37.0	--	--
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/01/2017-09/30/2018	2.0	5.0	1.0	3.0	0.0	--	--
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	80.0	73.0	74.0	79.0	95.0	--	--
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	16.0	19.0	21.0	15.0	1.0	--	--
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/01/2017-09/30/2018	4.0	8.0	5.0	6.0	4.0	--	--
↑	Patients who reported YES, they would definitely recommend the hospital	10/01/2017-09/30/2018	83.0	72.0	81.0	75.0	84.0	--	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL	
↓	Patients who reported YES, they would probably recommend the hospital	10/01/2017-09/30/2018	16.0	23.0	18.0	21.0	16.0	--	--
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/01/2017-09/30/2018	1.0	4.0	1.0	4.0	0.0	--	--
↑	OP29 Avg Risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	87.0	33.0	--	--	--	--
↑	OP30 High risk Polyp Surveillance	10/01/2017-09/30/2018	100.0	90.9	79.0	--	--	--	--
↓	OP3b Median Time to Transfer AMI	10/01/2017-09/30/2018	34.0	62.8	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain	10/01/2017-09/30/2018	4.0	8.2	9.0	7.0	8.0	8.0	6.0
↓	ED1b ED Door to Transport	10/01/2017-09/30/2018	166.4	272.0	169.0	212.0	--	138.0	--
↓	ED2b ED Decision to Transport	10/01/2017-09/30/2018	33.0	100.8	38.0	53.0	--	14.0	--
↓	OP18b Avg time ED arrival to discharge	10/01/2017-09/30/2018	92.0	135.0	98.0	138.0	120.0	107.0	89.0
↓	OP22 Left without being seen	10/01/2017-09/30/2018	0.0	1.5	0.0	1.0	0.0	1.0	1.0
↑	OP23 Head CT stroke patients	10/01/2017-09/30/2018	94.0	73.6	--	--	--	--	--
↑	IMM2 Immunization for Influenza	10/01/2017-09/30/2018	100.0	91.0	100.0	92.0	--	100.0	--
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	10/01/2017-09/30/2018	99.0	87.2	98.0	98.0	100.0	100.0	--
↓	VTE6 HAC VTE	10/01/2017-09/30/2018	0.0	3.0	--	--	--	--	--
↓	PC01 Elective Delivery	10/01/2017-09/30/2018	0.0	1.7	--	--	--	--	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL
↓	Hip and Knee Complications	07/01/2015-06/30/2018	2.2	2.5	--	--	--	--
↓	PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery	07/01/2015-06/30/2018	147.5	163.0	--	--	--	--
↓	PSI 90 Serious complications	07/01/2015-06/30/2018	0.81	0.99	0.97	0.99	--	--
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	07/01/2015-06/30/2018	9.9	12.8	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	07/01/2015-06/30/2018	17.0	19.5	40.5	20.2	--	--
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	07/01/2015-06/30/2018	2.9	4.0	--	--	--	--
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	07/01/2015-06/30/2018	13.3	15.7	--	--	--	--
↓	READM30HF Heart Failure 30Day readmissions rate	07/01/2015-06/30/2018	18.0	21.6	22.7	--	--	--
↓	READM30PN Pneumonia 30day readmission rate	07/01/2015-06/30/2018	14.1	16.6	32.5	17.0	16.6	--
↓	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission	07/01/2017-06/30/2018	13.5	15.3	31.2	15.6	15.1	--
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	07/01/2015-06/30/2018	2.4	3.1	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	07/01/2015-06/30/2018	7.6	8.5	7.2	7.5	--	--

		Top 10% in the Nation	National Average	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	JOHNSON COUNTY COMMUNITY HOSPITAL
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	07/01/2015-06/30/2018	11.9	12.9	13.8	--	--	--
↓	MORT30HF Heart failure 30day mortality rate	07/01/2015-06/30/2018	10.2	11.5	13.9	--	--	--
↓	MORT30PN Pneumonia 30day mortality rate	07/01/2015-06/30/2018	14.0	15.6	13.9	16.0	17.4	--
↓	MORT30STK Stroke 30day mortality rate	07/01/2015-06/30/2018	12.7	13.8	--	--	--	--
	OP8- MRI Lumbar Spine for Low Back Pain	07/01/2017-06/30/2018	24.8	38.7	--	--	--	--
	OP9- Mammography Follow-up Rates	07/01/2017-06/30/2018	1.7	8.9	2.6	7.6	--	8.3
	OP10- Abdomen CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	6.9	1.7	11.8	6.4	0.0
	OP11 -Thorax CT Use of Contrast Material	07/01/2017-06/30/2018	0.0	1.4	0.8	0.0	0.8	0.0
	OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	07/01/2017-06/30/2018	0.0	4.7	--	--	--	--
	OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time	07/01/2017-06/30/2018	0.0	1.2	1.2	0.0	--	0.7

Measure set	Data sources
Timely and effective care: sepsis, cancer, cataract surgery, colonoscopy follow-up, heart attack, emergency department throughput, preventative care, blood clot prevention, pregnancy and delivery care	<p>Data submitted by hospitals to CMS' Clinical Data Warehouse through the CMS Abstraction and Reporting Tool (CART)- Opens in a new window External Link icon or vendors</p> <p>Clinical Quality Measures are reviewed and monitored through special clinical studies, Joint Commission facility reviews, and Health Plan performance oversight.</p>
Timely and effective care: healthcare worker influenza vaccination	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN).
Timely and effective care: use of medical imaging	Medicare enrollment and claims data
Surgical complications, death rates, and unplanned hospital visits	Medicare enrollment and claims data.
Complications: infections	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN).
Psychiatric unit services	Medicare claims data and psychiatric hospital and psychiatric unit chart data
Patients' survey	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey conducted by hospitals.
Medicare payment	Medicare enrollment and claims data.

Source: Hospital Compare July 2019



ATTACHMENT 12

PATIENT SATISFACTION SURVEY RESULTS



Annual Quality Report to the TN DOH and VA DOH “Summary of Quality Indicators”

Report contact: Melanie Stanton

Ballad Health Patient Experience Sept. 30, 2019

Report summary:

This report provides a summary of performance for patient satisfaction with access to care in the outpatient, emergency department and owned physician practice networks as represented in the calendar year January 1, 2017 – December 31, 2017, for the baseline period. The target for Ballad Health’s first year is to at least maintain or improve over the established baseline. Rate is for the period January 1, 2018 – June 30, 2018.

- Satisfaction with access is defined as patient satisfaction with timeliness/ease of appointment, time spent in waiting room, time spent waiting on answers, efficiency of check-in process in the owned medical practices.
- Satisfaction with access in emergency services is defined as waiting time to treatment, wait time to physician.
- Satisfaction with access in outpatient services is defined as patient satisfaction with waiting time in registration. Baseline performance is rated on legacy Mountain States only as legacy Wellmont did not measure satisfaction with access with express survey.

Target Measures

MMYY	Access Area	Baseline	Rate
FY2019	Satisfaction with Access to Care in Owned Medical Practices	68.35	93.3
FY2019	Satisfaction with Access to Care in Emergency Services	84.25	77.3
FY2019	Satisfaction with Access to Care in Outpatient Services	91.36	89.7



ATTACHMENT 13

FINANCE REPORT ON PATIENT-RELATED PRICES CHARGES, COSTS, REVENUES, PROFIT MARGINS AND OPERATING COSTS

Ballad Health requests the information in this Attachment to be treated as confidential and proprietary.
For that reason, this Attachment is being submitted separately.



ATTACHMENT 14

EQUALIZATION PLAN STATUS UPDATE



Pay equalization update

Ballad Health completed evaluating and leveling the more than 70 pay practices between the two legacy systems December 23, 2018. During the review, the organization equalized the pay practices which touched 3,677 team members. When eliminating shift and other differentials, Ballad Health increased the base pay rate to ensure the team member's overall compensation remained whole or better. No team member saw a decrease in overall compensation because of this update.

Because differential pay has never been used in the calculation of the team members' benefits and is solely calculated as a multiple of base pay, this increase to their base had an additional advantage. Their benefits, such as life insurance, retirement, amount paid for PTO and education hours, and any other percentage-based differentials, will increase because, for these team members, their base was increased.

Throughout the fiscal year, Ballad Health continued to consolidate job titles from the legacy systems. The greatest impact was seen in several corporate departments (Marketing, Human Resources, Quality, Security, Plant Operations, Purchasing, Spiritual Health, Payroll and Accounts Payable) and with nursing positions. Ballad Health also combined 56 nursing titles between the legacy systems at the end of the fiscal year as the organization continues to work toward more concise job titling and any duplication between the legacy systems.

The next step in pay equalization is to finish looking at the average rate of pay by job and compare team members from the legacy systems to ensure, where appropriate, that the pay is equitable within each job. Ballad Health uses industry practices in identifying and prioritizing pay adjustments. With the changes already made, **Ballad Health has well-exceeded the requirements for pay equalization contained within the Terms of Certification and Letter Authorizing the Cooperative Agreement.**

Nursing adjustment

The board of directors of Ballad Health approved a major investment in the system's nursing positions, with an increase of more than \$100 million over 10 years in direct patient care nursing and supporting staff wages for the following positions: acute care RNs, LPNs and nursing assistants in select roles whose primary responsibility is providing direct inpatient care, scrub techs, long-term care LPNs and CNAs, clinical LPNs, certified medical assistants and behavioral health techs. These areas of focus have been most impacted by the national shortages of healthcare manpower and have consistently shown the greatest number of vacancies throughout the nation; certainly, Ballad Health's experience is no different. Ballad Health competes heavily for these professionals and must continue to do so.

The organization was able to make these adjustments because of the work that has been done by Ballad Health to reduce unnecessary duplication of services, leading to elimination of wasteful spending and improvement in productivity. Ballad Health has been successful in turning prior-year operating losses from what were two independently-operating rural health systems into operating gains by the new merged health system. The Ballad Health board of directors has determined that direct bedside nursing and associated caregivers, who have been impacted by the national shortages for these positions, have seen significant increases in productivity tied directly to these shortages. Thus, the investment into these impacted positions is appropriate.

The pay increases for existing team members in these roles took effect June 23. Also beginning June 23, the starting hourly rates for new hires in these affected positions were increased. With these nursing adjustments, Ballad Health saw



almost \$10 million invested this year alone in our nursing staff with 5,090 team members impacted by these pay increases. These adjustments raised the average pay rate of the system's registered nurses by 4%.



ATTACHMENT 15

POPULATION HEALTH PLAN STATUS

Slide 1



Slide 2



Slide 3

A Generational Opportunity

- Ballad Health, the State of Tennessee, and the Commonwealth of Virginia have together ventured into a visionary approach to reduce healthcare costs, improve access to care, reduce disparity and inequity and improve health in Northeast Tennessee and Southwest Virginia.
- Without exception, each party has acknowledged this unprecedented generational opportunity to create sustainable advantages for the people we mutually serve even in the midst of significant challenges faced by this rural region of Central Appalachia.
- Our primary purpose today is to discuss how alignment of the goals of the states with the goals of the Northeast Tennessee and Southwest Virginia region and Ballad Health will ensure the achievement of sustainable advantage by focusing on strong children and families.

The BalladHealth logo is located in the bottom right corner of the slide, consisting of the text "BalladHealth" and the three-circle graphic.

Slide 4

Regional Challenges

- Both states recognize the burden of disease in our region is higher than national and state averages, especially related to diabetes, cancer, stroke, hypertension, cardiovascular disease, substance abuse, and premature death.
- The states have also noted a number of other factors contributing to a unique and challenging environment for health in the region. A number of these relate to the social determinants of health as root causes of poor health, having disproportionate impact in the Ballad Health geographic service area.
- Factors such as education, children in poverty, per capita income, median household income, population growth, and rurality are strongly associated with health disparity.

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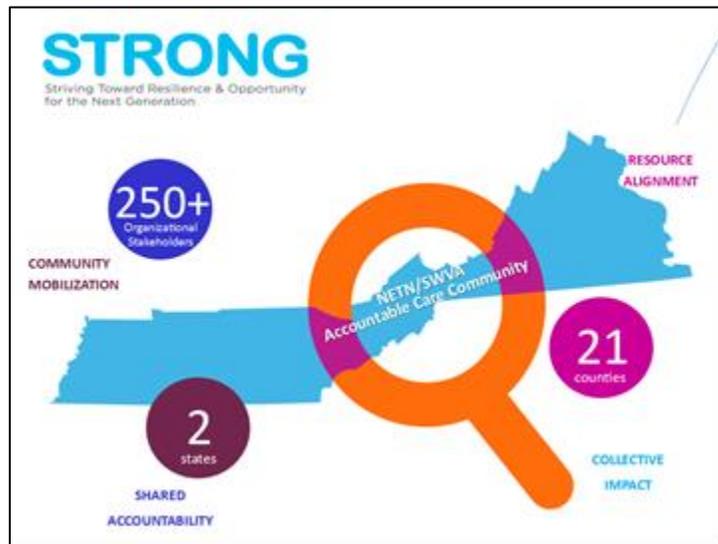
Aligning Vision with State Leadership

- Both Governor Bill Lee and Governor Ralph Northam have set forth compelling visions with great application to these regional challenges.
 - Governor Lee:** focus on K-12 education, criminal justice, mental health, healthcare, and rural economic development—clearly recognizes that we must start early in life to address the root causes of educational, economic, and health success.
 - "These are the challenges of our day, and history will judge us based on how we meet them."
 - Governor Northam:** "In order for every Virginian to thrive, we must invest in their success and that requires a greater focus on issues of equity."
 - We must "lift" rural parts of the state where Virginians have not seen the same economic growth of the more populous, urban regions."
 - Commissioner Oliver:** We must "tackle social issues that if unaddressed will continue to cause health problems to fester...We're looking at behavioral health, and along with it I'd add substance abuse...We're looking at women's health and children's health, particularly early childhood...One of the best ways to tackle those issues is by addressing societal issues that have their root in racism and poverty...The department is considering ways to help children get healthy food and work through traumatic experiences."
 - Commissioner Piercey:** "When you talk about hypertension, stroke, heart disease, and even COPD, it's habits that start in childhood...We know when babies have a healthier start, they're more likely to be healthier when they grow up."



STRONG

Striving Toward Resilience & Opportunity for the Next Generation



250+ Organizational Stakeholders
COMMUNITY MOBILIZATION

21 counties
COLLECTIVE IMPACT

2 states
SHARED ACCOUNTABILITY

RESOURCE ALIGNMENT

NETN/SWVA Accountable Care Community

Our Model-Collective Impact

The 5 Conditions of Collective Impact

- 1

Common Agenda

 - Common understanding of the problem
 - Shared vision for change

- 2

Shared Measurement

 - Collecting data and measuring results
 - Focus on performance management
 - Shared accountability

- 3

Mutually Reinforcing Activities

 - Differentiated approaches
 - Coordination through joint plan of action

- 4

Continuous Communication

 - Consistent and open communication
 - Focus on building trust

- 5

Backbone Support

 - Separate organization(s) with staff
 - Resources and skills to convene and coordinate participating organizations

<https://www.fsg.org/blog/navigating-collective-impact>

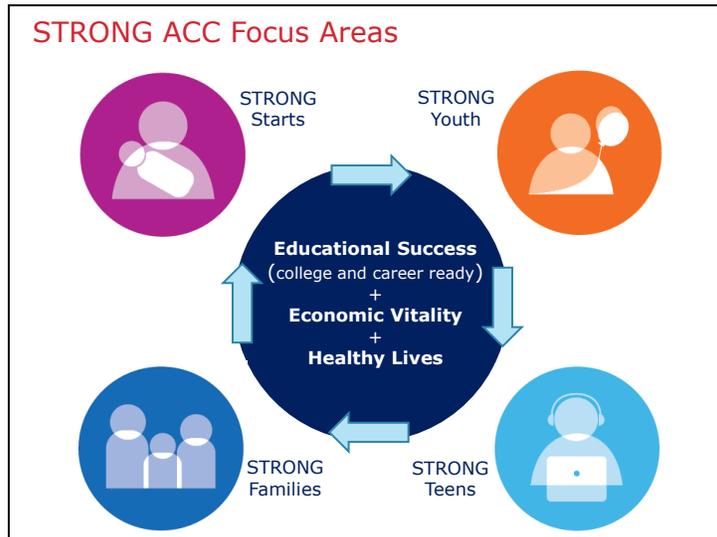
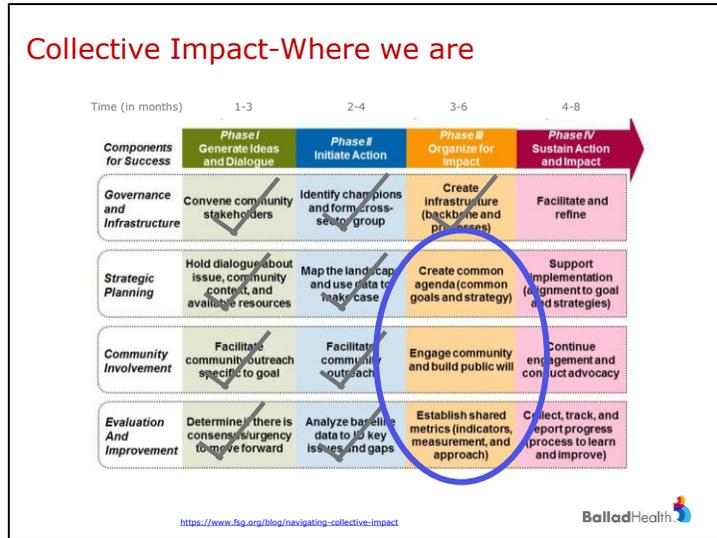


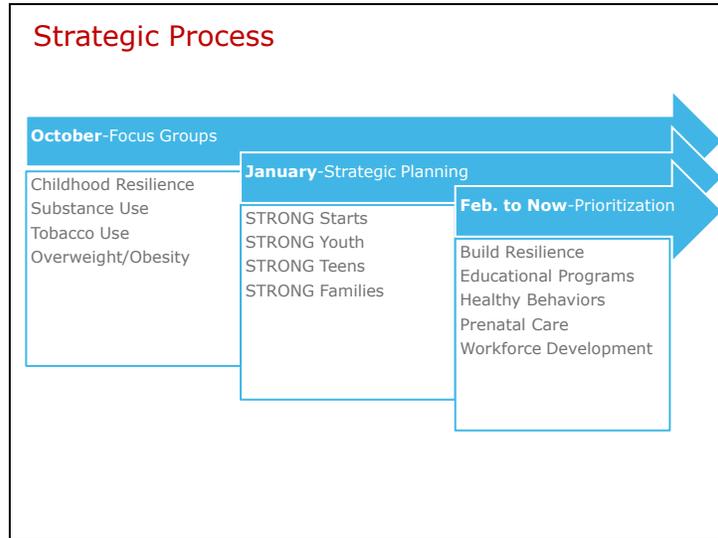
Our Model-Collective Impact

	Time (in months)			
	1-3	2-4	3-6	4-8
Components for Success	Phase I Generate Ideas and Dialogue	Phase II Initiate Action	Phase III Organize for Impact	Phase IV Sustain Action and Impact
Governance and Infrastructure	Convene community stakeholders	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Hold dialogue about issue, community context, and available resources	Map the landscape and use data to make case	Create common agenda (common goals and strategy)	Support implementation (alignment to goal and strategies)
Community Involvement	Facilitate community outreach specific to goal	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation And Improvement	Determine if there is consensus/urgency to move forward	Analyze baseline data to ID key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

<https://www.fsg.org/blog/navigating-collective-impact>







STRONG Youth

Kindergarten to 12 yrs



First:
Childhood resilience

Second:
Behavioral health

STRONG Teens

13 to 18 yrs



First:
Childhood resilience

Second (tie):
Workforce development
Behavioral health

STRONG Families

Adults & Caregivers



First:
Life skills training & resources

Second (tie):
Educational, family-based programs
Strengthening the family unit

Overarching theme:
Resilience for children and families

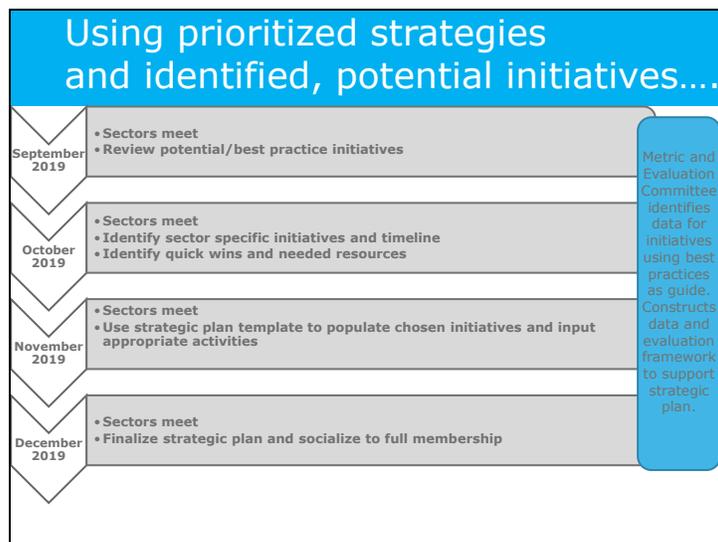


STRONG

Slide 19



Slide 20



Conclusion

Using Accountable Care Community and Ballad Health infrastructure, we should prepare new generations to be college and career ready through a concerted focus on economic vitality, educational attainment, and healthier living, with special attention on vulnerable children and families.



Our Path Forward



Guiding Principle 1: Achieving Long-Term Impact

- Ballad Health fundamentally believes that a long-term approach is the most effective approach to address the challenges articulated by the states.
- The issues set forth are a part of the culture of the region, developed and engrained in perceptions, attitudes, and behaviors over decades and generations.
- To effectively address these issues, time, focus, and significant resource leverage will be required.

The BalladHealth logo is located in the bottom right corner of the slide content area.

Guiding Principle 2: Focus and Align Resources

- Our goal has been to identify consensus, and key stakeholders including the ACC share a conviction that focus is essential to success.
- Initiatives and investments spread over too many areas of focus and too broad a geography place desired benefits at risk.
- For example, the population health investment of \$75,000,000 over ten years only equates to \$8 per person per year if applied to everyone in the geographic service area (population size of 926,840).
- A focus on the children of our region would increase spending from \$8 per person to \$38 per person per year (population size of 196,360 children). Further, focusing on at-risk children increases the potential spend to more than \$200 per year based on the 19% of regional children (Tennessee estimate) estimated to have more than 3 risk factors (Columbia University National Center for Children in Poverty Young Child Risk Calculator).
- By focusing our efforts and utilizing Ballad's investment to advance collective impact derived through the Accountable Care Community we can align and scale the resources of partners—including clinical programs, state programs, payer programs, and community organizations.

The BalladHealth logo is located in the bottom right corner of the slide content area.

Slide 25

Guiding Principle 3: Focus Upstream and on Root Causes

- To achieve lasting, sustainable change it is essential to focus on root causes and upstream of disease.
- Most poor behavioral choices are driven by cultural norms and adverse life experiences and amount to either environmental default choices or poor coping mechanisms.
- Failure to focus on root causes may result in temporary improvement, but not lasting change.
- The more we can focus and align resources, the more we can multiply that investment to a population level of effective impact.



Slide 26

Achieving Population Level Impact: Use Clinical Opportunities but Focus on Root Causes



Increasing Population Impact

Increasing Individual Effort Needed

Activated Community

Activated Providers

Counseling and Education

Clinical Interventions

Long-Lasting Protective Interventions

Changing the Context to Make Individuals' Default Decisions Healthy

Socioeconomic Factors

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Focus on Childhood Experiences & Support Systems

Dr. Robert Block, former president of the American Academy of Pediatrics:
ACEs are “the single greatest unaddressed public health threat facing our nation today.”

Studies show that for every \$1 invested in ACEs prevention, \$7 will be returned in lifetime earnings, taxes, health cost savings, and public service savings

The developing brain and its exposures is the key to most of the habits and patterns we will experience in life, whether good or bad.

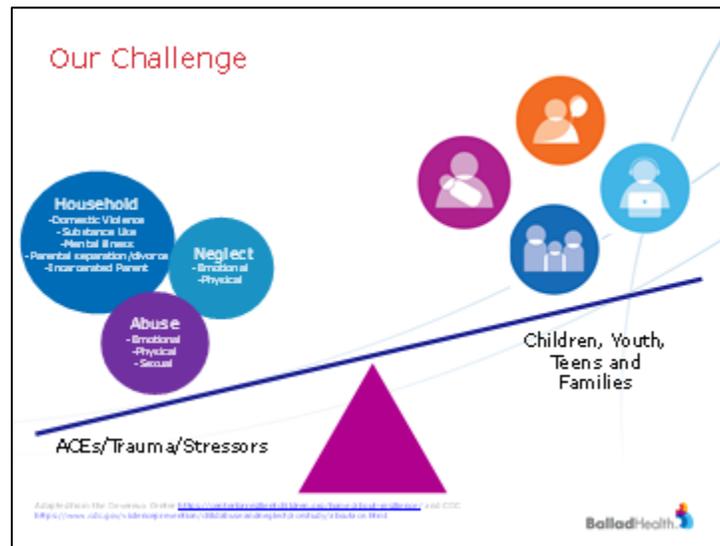
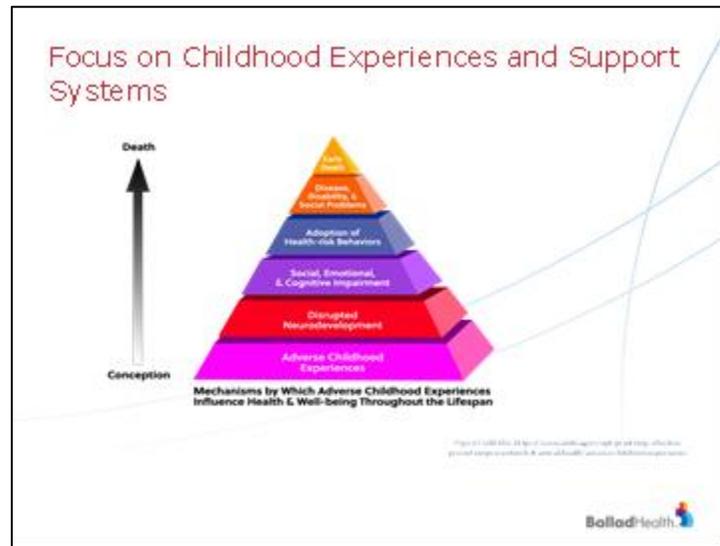


Focus on Childhood Experiences & Support Systems

- ACEs can increase a person’s risk of health, social, and economic problems throughout life
- In 2017, ACEs among Tennessee adults led to an estimated \$5.2 billion in direct medical costs and lost productivity from employees missing work. Further, they concluded that 32% of smoking, 49% of depression, 13% of obesity, 10% of diabetes, 21% of COPD, 24% of Asthma, and 5% of hypertension was directly attributable to ACEs.
- ACEs are associated with risky health behaviors and poorer health outcomes.

2x	2x	3x	3x	5x	10x	12x
more likely to develop ischemic heart disease	more likely to have a stroke	more likely to have COPD	more likely to contract hepatitis	more likely to experience depression	more likely to use drugs intravenously	more likely to attempt suicide



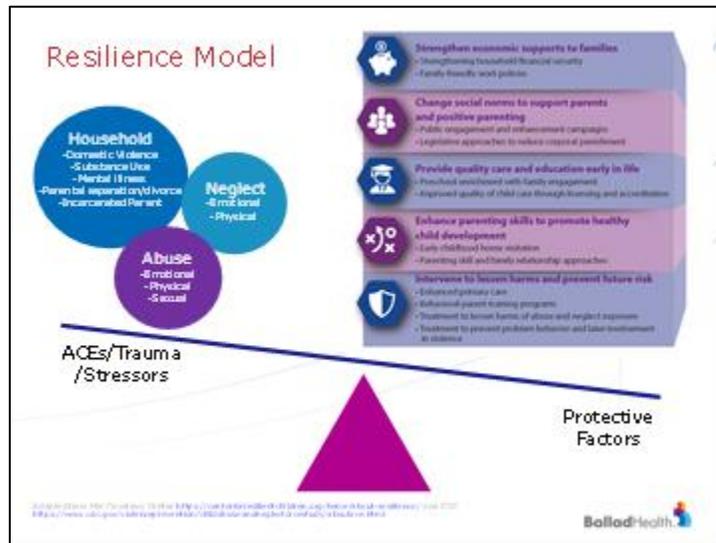


Substance Abuse as a Barrier to Resiliency

- The opioid/substance abuse crisis is placing what feels like an insurmountable strain on the systems in place to serve children and families.
- The relationship between ACEs and substance abuse is clear, and they perpetuate one another.
- Because of the extent of the opioid crisis in our region, we cannot hope to address one without addressing the other.
- Generational childhood trauma is an attributed root cause of the opioid crisis in America, and a new generation is now experiencing ACEs because of the substance abuse of their parents and other caregivers.
- The number of children in foster care has risen steadily since 2012, and over 40 percent of children in relative or foster homes are there because of substance abuse.
- As much as 86% of pregnancies among women who struggle with addiction are considered unintended.



Resilience Model



Household

- Domestic Violence
- Substance Use
- Mental Illness
- Parental Involvement/Force
- Incarcerated Parent

Neglect

- Emotional
- Physical

Abuse

- Emotional
- Physical
- Social

ACEs/Trauma /Stressors

Strengthen economic supports for families

- Strengthening financial resources
- Family-friendly work policies

Change social norms to support parents and positive parenting

- Public engagement and information campaigns
- Legislative approach to reduce corporal punishment

Provide quality care and education early in life

- Prosocial attachment with family engagement
- Improved quality of child care through training and accreditation

Enhance parenting skills to promote healthy child development

- Early childhood home visitors
- Parenting skill and family relationship approaches

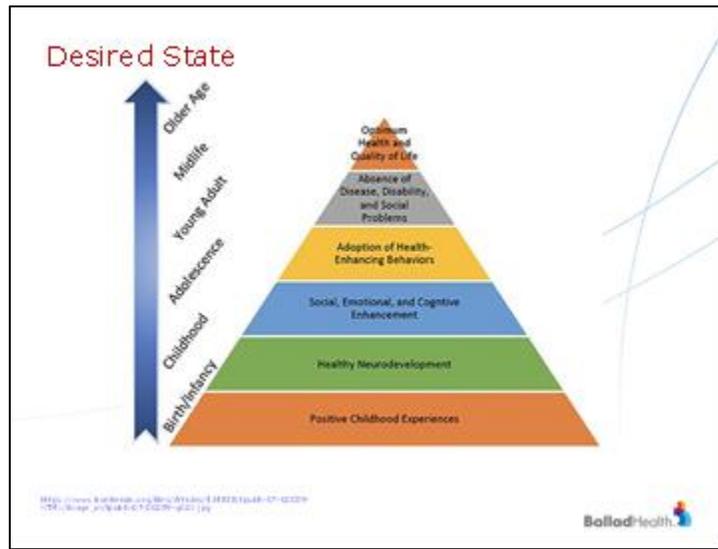
Intervene to break cycles and prevent future risk

- Enhance child protective care
- Additional parent training programs
- Treatment to break cycles of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in justice

Protective Factors

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STRONG Conceptual Model Alignment

- Nearly all measures included in SWVA Blueprint
- 7 measures included in Cooperative Agreement
- Nearly all measures included in COPA
- All measures included in ACC interests

DRAFT Measure Crosswalk
Highest level of alignment between state plans, COPA/CA and ACC interests

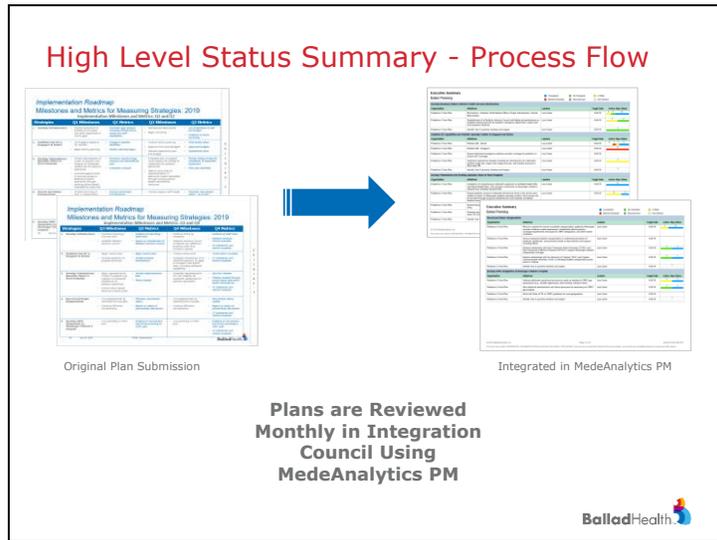
	VA Plan for Measuring 2020 Health Authority Blueprint	VA CA Metrics	VA Child Equity	VA State Health Plan	VA COPA Metrics	ACC Measures	ACC Interests
Teen Births	x	x	x	x	x	x	x
Third Grade Reading Level	x	x	x	x	x	x	x
Infant Mortality	x	x	x	x	x	x	x
Teen Smoking	x	x	x	x	x	x	x
Substance Abuse/ Drug Deaths	x	x	x	x	x	x	x
NAS Births	x	x	x	x	x	x	x
Breastfeeding Initiation	x	x	x	x	x	x	x
Smoking During Pregnancy	x	x	x	x	x	x	x
Youth Obesity	x	x	x	x	x	x	x

Ballad Health

Slide 35



Slide 36



**Implementation Roadmap – Population Health Plan
Focus Area One 2019 Quarterly Milestones and Metrics
Develop Population Health Infrastructure**

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Develop the Ballad Health Population Health Department	<ul style="list-style-type: none"> Select candidates to hire Form Clinical Committee with internal and external representation Develop Clinical Committee charter, roles & responsibilities 	<ul style="list-style-type: none"> Hires vs. <i>Staffing Plan</i> Completed <i>committee membership list</i> Charter completed Fill 100% of 10 Full-time Positions 	<ul style="list-style-type: none"> Develop relationship tracking and management systems 	<ul style="list-style-type: none"> System developed Establish and complete training with 10 end users
2. Create and activate an Accountable Care Community (ACC)	<ul style="list-style-type: none"> Recruit TN and VA steering team for the ACC Begin ACC membership recruitment 	<ul style="list-style-type: none"> Completed <i>steering team list</i> List of members by region 	<ul style="list-style-type: none"> Identify 3-5 areas of ACC focus Develop ACC charter, roles & responsibilities 	<ul style="list-style-type: none"> Focus areas selected Charter completed

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**Implementation Roadmap – Population Health Plan
Focus Area One 2019 Quarterly Milestones and Metrics
Develop Population Health Infrastructure**

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. Develop the Ballad Health Population Health Department	<ul style="list-style-type: none"> Extend reach of the department by establishing population health leadership teams at each Ballad facility and practice division to promote local population health initiatives 	<ul style="list-style-type: none"> Accomplished in all Ballad hospitals and practice divisions 	<ul style="list-style-type: none"> Evaluate department personnel Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> Y2 milestones and metrics accepted
2. Create and activate an Accountable Care Community (ACC)	<ul style="list-style-type: none"> Members to elect TN and VA leadership councils Leadership councils to develop strategic plan for focus areas 	<ul style="list-style-type: none"> Leadership councils selected (list) Strategic plan developed 	<ul style="list-style-type: none"> Identify ACC Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> Y2 milestones and metrics accepted

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**Implementation Roadmap – Population Health Plan
Focus Area Two 2019 Quarterly Milestones and Metrics
Ballad Health as a Community Health Improvement
Organization**

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Delivery system improvement and re-design	<ul style="list-style-type: none"> Initiate alignment of Ballad Medical Associates (BMA) & COPA/CA metrics 	<ul style="list-style-type: none"> List of initial priority metrics provided Identify top 3 priorities applicable to practices 	<ul style="list-style-type: none"> Secure initial provider participants in CIN/HQEP Develop BMA & COPA/CA priority metric workplan Determine external CIN/HQEP structure 	<ul style="list-style-type: none"> Participant Agreement(s) signed Completed workplan Plan structure outlined
2. Information systems, decision support and information exchange	<ul style="list-style-type: none"> Configure Epic for Unicoi and Laughlin Applied Health Analytics deployed for Ballad Health Team Members 	<ul style="list-style-type: none"> Epic configuration completed Deadline met Utilize AHA for 100% of Ballad team member health risk assessments 	<ul style="list-style-type: none"> Epic Go-Live Unicoi Epic Go-Live Laughlin Deliver Draft VA HIE Report to TN 	<ul style="list-style-type: none"> Deadline met EPIC LMH and Unicoi Go-Live complete Draft completed
3. Self management and development of personal skills	<ul style="list-style-type: none"> Expand Health Risk Assessment and coaching to Ballad Health Team Members (TM) Assess team members for launch TM diabetes management program 	<ul style="list-style-type: none"> Program Launched Coaches assigned to qualifying participants Conduct biometric testing on 100% of Ballad team members participating in employee wellness program 	<ul style="list-style-type: none"> Develop Ballad Health TM Stress Reduction Pilot Plan Develop "Ballad Health as an Example" charter, roles & responsibilities 	<ul style="list-style-type: none"> Program developed Charter completed



**Implementation Roadmap – Population Health Plan
Focus Area Two 2019 Quarterly Milestones and Metrics
Ballad Health as a Community Health Improvement
Organization**

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. Delivery system improvement and re-design	<ul style="list-style-type: none"> Implement BMG & COPA/CA priority metric workplan Submit New Ballad Health MSSP ACO application (subject to CMS timeline) 	<ul style="list-style-type: none"> Workplan milestones met MSSP Deadline met (subject to CMS timeline) 	<ul style="list-style-type: none"> Sign Ballad Health MSSP ACO Contract (subject to CMS timeline) Launch CIN/HQEP Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> Contract signed (subject to CMS timeline) Program launched Y2 milestones and metrics accepted
2. Information systems, decision support and information exchange	<ul style="list-style-type: none"> Epic configured for SBIRT pilot Deliver Final HIE Report to VA and TN 	<ul style="list-style-type: none"> Epic configured Deadline met 	<ul style="list-style-type: none"> Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> Y2 milestones and metrics accepted
3. Self management and development of personal skills	<ul style="list-style-type: none"> Develop "Ballad Health as an Example" strategic plan 	<ul style="list-style-type: none"> Plan completed Establish 4 action teams to develop strategies in the areas of healthy eating/food policies; physical activities; healthy plan design; and health education and resources 	<ul style="list-style-type: none"> Pilot first "Ballad Health as an Example" effort Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> Pilot(s) launched Y2 milestones and metrics accepted



**Implementation Roadmap – Population Health Plan
Focus Area Three 2019 Quarterly Milestones and Metrics
Enabling Community Resources and Sound Health Policy**

Implementation Milestones and Metrics: Q1 and Q2

Strategies	Q1 Milestones	Q1 Metrics	Q2 Milestones	Q2 Metrics
1. Strengthen community action	<ul style="list-style-type: none"> Work with internal and external Subject Matter Experts to complete first round research of interventions and programs found to be best or promising clinical and community practices Complete inventory of potential community partners to engage with in order to address population health metrics 	<ul style="list-style-type: none"> Completed document Completed inventory 	<ul style="list-style-type: none"> Using inventory created in Q1, distribute RFI to identify local capabilities and receive feedback on first round of research 	<ul style="list-style-type: none"> RFI distributed
2. Create supportive environments	<ul style="list-style-type: none"> Develop framework to leverage Ballad Health Business Health service offerings Develop regional awareness campaigns with Marketing Department 	<ul style="list-style-type: none"> Frameworks completed Campaign plan completed Develop at least one regional awareness campaign and establish projected reach and impressions targets 	<ul style="list-style-type: none"> Activate Business Health Collaborative with Chambers of Commerce Begin regional ad campaigns Create customizable package of Business Health offerings for employers 	<ul style="list-style-type: none"> Collaborative activated Campaign launched Package completed Host 1 regional chamber of commerce forum to review needs, current solutions and strategies Regional awareness campaign projected reach and impressions
3. Build Healthy Public Policy	<ul style="list-style-type: none"> Identify best practice approaches to legislation that supports healthy choices 	<ul style="list-style-type: none"> Begin development of legislative playbook to support intervention playbook 	<ul style="list-style-type: none"> Identify gaps in current laws and policies that support regional health 	<ul style="list-style-type: none"> Gap analysis

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**Implementation Roadmap – Population Health Plan
Focus Area Three 2019 Quarterly Milestones and Metrics
Enabling Community Resources and Sound Health Policy**

Implementation Milestones and Metrics: Q3 and Q4

Strategies	Q3 Milestones	Q3 Metrics	Q4 Milestones	Q4 Metrics
1. Strengthen community action	<ul style="list-style-type: none"> Evaluate RFIs received Incorporate feedback received into best or promising clinical and community practices 	<ul style="list-style-type: none"> Evaluations completed Feedback incorporated 	<ul style="list-style-type: none"> Distribute RFPs for pilot interventions and programs to selected community partners Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> RFPs distributed Y2 milestones and metrics accepted
2. Create supportive environments	<ul style="list-style-type: none"> Develop strategic plan for the Collaborative with Chambers of Commerce Identify pilot program opportunities in collaboration with Chambers of Commerce 	<ul style="list-style-type: none"> Plan completed Pilots identified 	<ul style="list-style-type: none"> Identify Y2 quarterly targets and timelines 	<ul style="list-style-type: none"> Y2 milestones and metrics accepted
3. Build Healthy Public Policy	<ul style="list-style-type: none"> Develop legislative advocacy plan 	<ul style="list-style-type: none"> Plan developed 	<ul style="list-style-type: none"> Develop strategic approach for advocacy together with each regional legislator and their staff 	<ul style="list-style-type: none"> Number of meetings with each legislative office

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FY2019 (Year 1) COPA Plan Achievement

	% Milestones Achieved	% Metrics Achieved
Behavioral Health	94%	97%
Children's Health	69%	71%
Population Health	96%	97%
Rural Health	72%	76%

Note: FY19 Metric accomplishment rate reflects Input Metrics Only



Output Metric Progress

Strategy	Metric	FY19 Performance	FY20 Performance
Focus Area Two: Ballad Health as a Community Improvement Organization, Strategy 1: Delivery System Design	Number of lives under CIN/HQEP management	0	
	Number of attributed lives under a Value Based Contract	93,880	
Focus Area Two: Ballad Health as a Community Improvement Organization, Strategy 2: Information System and Decision Support	Number of Ballad Health sites on EPIC	9 hospitals	



Lessons Learned

- The data challenges are pervasive, and solutions have to be derived collaboratively.
- Working with 250+ community members is not difficult.....its extremely difficult. But, we are on track.
- Internal stakeholders and partnering organizations have high emotional attachment to programs, and change must be driven collaboratively and with strong affirmation of the work in progress.
- Flexibility, agility, and relationship management are basic requirements for success and movement at the speed of trust.
- New technologies are plentiful, but vetting them is a challenge.
- Focus is even more essential than we already knew.
- Ballad has to strike the right balance between leading, investing, facilitating, convening, and outright direct execution to succeed.



ATTACHMENT 16

SUMMARY OF RESIDENCY PROGRAM



Ballad hospitals sponsor three GME residency programs involving 59 FTEs in rural areas of Virginia



	Johnston Hospital	Memorial	Norton Community Hospital	Lonesome Pine Hospital	Totals
Program(s)	Internal Medicine		Internal Medicine	Family Medicine	
Number of Approved Slots	15		30	TBD*	TBD*
Number of Slots Filled	11		29	19	59
Over/Under Cap	4 under		1 under	TBD*	N/A

Note: * New program, cap has not been set yet

1 Source: ACGME and ETSU Data Points



Overview of residency programs in the academic track

Program	Match Rates	Program Status	Sites	Positions Available	Positions Filled	Board Passage Rate	Hired in Region
Internal Medicine	100%	Continued Accreditation	4	80	72	82%	23%
Surgery	100%	Continued Accreditation	4	34	30	82%	11%
Psychiatry	100%	Probationary Accreditation	5	25	18	78%	14%
Pediatrics	100%	Continued Accreditation	1	24	21	78%	17%
Family Medicine – Bristol	100%	Continued Accreditation	2	24	24	79%	17%
Family Medicine – JCMC	100%	Continued Accreditation	2	21	19	83%	
Family Medicine – Holston	100%	Continued Accreditation	2	18	18	100%	
Orthopedics	100%	Continued Accreditation	7	15	10	100%	NA
OB/GYN	100%	Continued Accreditation	2	13	13	94%	10%
Cardiology	100%	Continued Accreditation	2	9	9	100%	0%
Pulmonology & Critical Care	100%	Continued Accreditation	4	9	6	75%	11%
Pathology	100%	Continued Accreditation	3	8	8	93%	0%



Gastroenterology	100%	Continued Accreditation	2	6	6	100%	44%
Infectious Disease	50%	Continued Accreditation	2	6	4	50%	33%
Oncology	100%	Continued Accreditation	1	6	6	100%	33%



Overview of residencies in the rural track

Program	Match Rates	Program Status	Sites	Positions Available	Positions Filled	Board Passage Rate	Hired at Ballad
Norton	56% (2018)	Initial Accreditation	6	30	29	100%	34%
Johnston	100%	Initial Accreditation	6	15	11	100%	50%
Lonesome Pine	53%	Initial Accreditation	12	New Program	19	100%	31.25%



ATTACHMENT 17

SUMMARY OF ACADEMIC PARTNERSHIPS / RESEARCH

3rd quarter 2019 – Ballad Health Open Research Studies (as of 9/30/2019)

PI	Affiliation	Study Title	Approval Date	Contact Information	Open for enrollment	Facility
Allen, Corinne PharmD	BH	Effects of a Multi-Modal Pain Approach as Part of an Enhanced Recovery After Surgery (ERAS) Protocol on Opiate Consumption and Length of Hospital Stay in Orthopedic Surgery Patients	5/6/2019	Corinne Allen Corinne.Allen@balladhealth.org 423-431-6734	open	Group 1
Bailey, Beth PhD	ETSU	Electronic Cigarette Use During Pregnancy	9/11/2018	Beth Bailey, 423-439-6477 nordstro@etsu.edu	Open	Group 1
Barklow, Thomas, MD	BH	BER-EP4 Positive Staining in Bowen's Disease	8/24/2007	Thomas Barklow, 423-439-6210 Thomas.Barklow@balladhealth.org	N/A	Group 1
Bishop, Thomas, MD	ETSU	To Identify the Role of Patients' Personal-Familial-Cultural Experiences in Cancer Decision Making and to Develop an Effective Cancer Care Communication Training Module aka: Instructional Modules to Improve Cancer Communication	11/7/2006	Thomas Bishop, 423-277-6805 thomasbi@med.umich.edu	N/A	Group 1
Brahmbhatt, Vipul, MD	MSMG	QUADRIPOLAR Pacing Post Approval Study	7/13/2012	Tammy Brummett, 423-330-4146 Tammy.Brummett@balladhealth.org	Closed to accrual	Group 1
Brewster, Aaryn PharmD	BH	Effect of Adherence to Guidelines-Directed Therapy on Clinical Outcomes in the Treatment of Staphylococcus Aureus Bacteremia	1/04/2018	Aaryn Brewster, 423-426-7224 aaryn.m.brewster@balladhealth.org	N/A	Group 1
Brooks, Bill, PH.D.	ETSU	Fentanyl-Related Overdose Risk Among Central Appalachian Heroin Using Populations: A Qualitative Study	9/21/2018	Bill Brooks, 423-439-4115 bbrooks613@gmail.com	Open	Group 1
Burns, Bracken DO	ETSU	Efficacy of alternate educational methods in nursing education	8/27/2019	Bracken Burns DO 423-439-6263 burnsjb@etsu.edu	Open	Group 1
Burns,	ETSU	Analysis of falls and controlled substances	9/5/2019	Bracken Burns DO	N/A	Group 1

Bracken DO				423-439-6263 burnsjb@etsu.edu	A	
Burns, Bracken DO	ETSU	Falls and weather among elderly 60 years and older	9/5/2019	Bracken Burns, DO, 423-439-6263 burnsjb@etsu.edu	N/A	Group 1
Chesley, Colin, PhD	ETSU	Merging Cultures: Organizational Behavior, Leadership, and Differentiation in a Health System Merger	1/9/2017	Colin Chesley, 423-439-4483 chesley@etsu.edu	N/A	Group 1
Click, Ivy, PhD	ETSU	Knowledge, Attitudes, and Practices of East Tennessee Medical Providers towards Transgender Patients	10/24/2017	Ivy Click, 423-439-6741 click@etsu.edu	N/A	Group 1
Colvett, Kyle, MD	BH	A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Multi-Center, Trial of the Effects of Intravenous GC4419 on the Incidence and Duration of Severe Oral Mucositis (OM) in Patients Receiving Post-Operative or Definitive Therapy with Single-Agent Cisplatin plus IMRT for Locally Advanced, Non-Metastatic Squamous Cell Carcinoma of the Oral Cavity or Oropharynx	1/26/2016	Anna Yakubenko, 423-431-4644 Anna.Yakubenko@balladhealth.org	Closed to accrual	Group 1 Class A
Colvett, Kyle, MD	BH	A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study of the Superoxide Dismutase Mimetic GC4419 to Reduce Severe Oral Mucositis (SOM) Associated with Chemoradiotherapy for Locally Advanced, Non-Metastatic Head and Neck Cancer	9/11/2018	Anna Yakubenko, 423-431-4644 Anna.Yakubenko@balladhealth.org	Open	Group 1 Class A
Colvett, Kyle, MD	BH	PREVLAR: A Phase 2a Randomized, Parallel Group, Open-Label, Multicenter Study to Assess the Safety and Efficacy of Different Schedules of RRx-001 in the Attenuation of Oral Mucositis in Patients Receiving Concomitant Chemoradiation for the Treatment of Locally Advanced Squamous Cell Carcinomas of the Oral Cavity or Oropharynx	6/5/2018	Anna Yakubenko, 423-431-4644 Anna.Yakubenko@balladhealth.org	Open	Group 1 Class A
Cruz, Abigail MD	ETSU / St. Jude	TINI: Total Therapy for Infants with Acute Lymphoblastic Leukemia (ALL)	4/2/2019	Abigail Cruz, MD cruzaj@etsu.edu 206-227-4973	Open	Group 1
Davis, Olivia, PharmD	BH	Impact of a rapid diagnostic blood culture identification panel on timing of appropriate antimicrobial therapy in patients with bloodstream infections	10/31/2016	Olivia Davis, 304-640-4553 Olivia.Davis@balladhealth.org	N/A	Group 1
Dodd, William, MD	ETSU	Detecting Neonatal Abstinence Syndrome Through Accelerometry		Dodd, William, MD		

Elangovan, Saravanan	ETSU	Comparing the Effectiveness of Universal Newborn Hearing Screening Protocols Implemented by a Standardized National Medical Group Versus Unstandardized Practices in the Appalachia Region of the United States	2/18/2019	Saravanan Elangovan, 423-439-9266	N/A	Group 1
				Elangova@etsu.edu		
Elgazzar, Mohamed, MD	ETSU	microRNAs and myeloid cell development during sepsis	9/24/2014	Mohamed Elgazzar, 423-439-8827	N/A	Group 1
				elgazzar@etsu.edu		
Fleenor, Sharron	King College	The Impact of Caring Leadership Qualities on RNs'	11/5/2018	Fleenor, Sharron 423-302-4501 Sharron.Fleenor@balladhealth.org	N/A	Group 1
		Practice Environment and Retention				
Ford, George MD	ETSU	Appalachian Type 1 Diabetes Improvement Project (ATDIP): Phase 1 Retrospective Study	11/5/2018	George Ford MD423-431-2355 Fordga@etsu.edu	N/A	Group 1
Haddadin, Tariq, MD	MSMG	HUD Graftmaster Coronary Stent Graft	3/4/2014	Tammy Brummett, 423-330-4146 Tammy.Brummett@balladhealth.org	Open	Group 1
Hiremagalur, Shobha, MD	MSMG	St. Jude Medical Cardiac Lead Assessment Study	4/8/2014	Tammy Brummett, 423-330-4146 Tammy.Brummett@balladhealth.org	Closed to accrual	Group 1
Hollinger, Shawn MD	ETSU	Effects of Head Position on Incidence and Severity of Intraventricular Hemorrhage in Pre-Term Infants	12/8/2018	Shawn Hollinger, 423-215-8862	Open	Group 1
				hollinsm@etsu.edu		
Jaishankar, Devapiran MD	ETSU	Impact of Updated 2013 Guidelines for Human Epidermal Growth Factor Receptor 2 (HER-2) Testing on Overall Incidence of HER-2 Positive Invasive Breast Cancer When Applied Retrospectively for the Period 2010 to 2012 in East Tennessee	3/12/2019	Devapiran Jaishankar, 606-499-1116	N/A	Group 1
				Jaishank@etsu.edu		
Jaishankar, Devapiran MD	ETSU	Average Time in Hospice Stay for Patients with Incurable Stage IV Malignancy Diagnosis in Appalachian Community	6/3/2019	Devapiran Jaishankar, 606-499-1116	N/A	Group 1
				Jaishank@etsu.edu		
Khan, Ahmed, MD	MSMG	MultiPoint Pacing Post Market Study (MPP PMS)	4/7/2017	Tammy Brummett ,423-330-4146 Tammy.Brummett@balladhealth.org	Open	Group 1
Lau, Colleen, PharmD	BH	30 Day Readmission Rates of Patients Receiving Intravenous Antimicrobial Therapy Through Home Health Versus Outpatient Infusion Center	11/27/2018	Colleen Lau, 423-431-2785	N/A	Group 1
				Colleen.Lau@balladhealth.org		

Lewis, Catherine MD	BH	Disease Association among Patients with Coal Workers Pneumoconiosis	6/26/2018	Lewis, Catherine MD Catherine.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul PharmD	BH	Impact of a 72-hour automatic stop and pharmacist-led review on the empiric use of vancomycin	10/24/2016	Paul Lewis, PharmD 423-431-6770 Paul.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul, PharmD	BH	Accuracy of Antiretroviral Medication Prescribing in a Community Teaching Hospital: A Medication Use Evaluation	10/31/2017	Paul Lewis, PharmD 423-431-6770 Paul.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul, PharmD	BH	Impact of Rapid Diagnostics on Antibiotics usage in Meningitis	4/30/2019	Paul Lewis PharmD 423-431-6770 Paul.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul, PharmD	BH	Impact of Post-Stroke dysphagia Screening on Antibiotic Use	5/3/2019	Paul Lewis, PharmD 423-431-6770 Paul.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul, PharmD	BH	Discontinuation of prophylactic antiepileptic agents following stroke	6/18/2019	Paul Lewis, PharmD 423-431-6770 Paul.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul, PharmD	BH	Incidence of serotonin toxicity in patients taking linezolid and other serotonergic medications	7/19/2019	Paul Lewis, PharmD 423-431-6770 Paul.Lewis@balladhealth.org	N/A	Group 1
Lewis, Paul transferred from	BH	Evaluation of Vancomycin Dosing Targeting Conservative Trough Concentrations for the Treatment of Methicillin-Resistant Staphylococcus aureus Bloodstream Infections	10/31/2017	Jacob Lines, 423-431-2786	N/A	Group 1
Lines, Jacob PharmD				jacob.lines@balladhealth.org		
Loos, Matthew, MD	BH	Effect of Novel Stroke Triage Method in Reducing Computed Tomography Result Times at a Rural Comprehensive Stroke Center	8/3/2018	Matthew Loos, 304-290-9579 Matthew.Loos@Balladhealth.org	N/A	Group 1
Loos, Matthew, MD	BH	Evaluation of Impact of Novel Stroke Triage Method on Reducing Computed Tomography Result Times as Part of Improvement of Care at a Rural Comprehensive Stroke Center: A Retrospective chart review	6/17/2019	Matthew Loos, 304-290-9579 Matthew.Loos@Balladhealth.org	N/A	Group 1
Loos, Matthew, MD	BH	Impact of a novel triage protocol upon door to needle times in tPa administration for stroke patients at a rural comprehensive	5/31/2019	Matthew Loos, 304-290-9579	N/A	Group 1

		stroke center		Matthew.Loos@Balladhealth.org		
Los, Evan, MD	BH	Biomarkers in Exhaled Breath of Glucose Fluctuation in Type 1 Diabetes	7/21/2017	Evan Los, 423-431-4946	Open	Group 1
				losea1@etsu.edu		
Malkani, Anjali	ETSU	Determine the clinical characteristics and outcomes of children undergoing cholecystectomy in Central and South Central Appalachia	1/10/2019	Anjali Malkani, 410-340-5595	Open	Group 1
				malkani@etsu.edu		
Mamudu, Hadii, MD	ETSU	Cardiovascular Health Management	12/10/2015	Hadii Mamudu, 423-439-4484	N/A	Group 1
				mamudu@etsu.edu		
Massey, Samuel MD	MSMG	HUD 09-0222 Low-Profile Visualized Intraluminal Support Device (LVIS and LVIS Jr.)	9/6/2016	Samuel Massey, 431-431-1666	Open	Group 1
				Samuel.Massey@balladhealth.org		
Massey, Samuel, MD	MSMG	03-0101 Stryker Wingspan Stent System with Gateway PTA Balloon Catheter	9/6/2016	Samuel Massey, 431-431-1666	Open	Group 1
				Samuel.Massey@balladhealth.org		
Massey, Samuel, MD	MSMG	09-247f HUD Enterprise Vascular Reconstruction Device and Delivery System	12/1/2009	Samuel Massey, 423-431-1666	Open	Group 1
				chipmassey@comcast.net		
Massey, Samuel, MD	MSMG	06-178f HUD the Neuroform Microdelivery Stent System A Humanitarian Use Device	6/5/2007	Samuel Massey, 423-431-1666	Open	Group 1
				chipmassey@comcast.net		
Olsen, Martin MD	ETSU	Follow-up of neonates born to pregnant women weaned off buprenorphine	5/15/2018	Martin Olsen, MD	N/A	Group 1
				olsen@etsu.edu		
Olsen, Martin MD	ETSU	Follow-up Neonates born to pregnant women on buprenorphine	10/12/2017	Martin Olsen, MD	N/A	Group 1
				olsen@etsu.edu		
Osborne, Stephen	ETSU	Automatic Exposure Control During Computed Tomography Scans of the Head: Effects on Dose and Image Quality	5/24/2019	Stephen Osborne 423-727-4997 Stephen.Osborne@balladhealth.org	N/A	Group 1
Ozment-Skelton, Tammy, DVM transferred from Williams, David, MD	ETSU	The Role of Cellular Receptors as a Diagnostic Indicator of Systemic Infection	1/22/1999	Tammy Ozment-Skelton,	N/A	Group 1
				423-444-9635		
				ozmentsk@etsu.edu		
Patel, Archi	ETSU	Correlation between PAP negative and HPV testing positive	8/23/2017	Archi Patel, 908-316-2324	N/A	Group 1

				PATELA4@etsu.edu		
Paul, Timir, MD	ETSU	Coronary Artery Disease Management Outcomes in Patients with Baseline Thrombocytopenia	5/13/2016	Timir Paul, 423-979-4100 pault@etsu.edu	N/A	Group 1
Paul, Timir, MD	ETSU	ACS outcomes for patients on anti-platelet medications	1/6/2017	Timir Paul, MD 423-979-4100 pault@etsu.edu	N/A	Group 1
Paul, Timir, MD	ETSU	Causes and Prevention of Hospital Readmissions in Rural Northeastern Tennessee and Southern Virginia Compared to the Entire United States	7/17/2017	Timir Paul, MD 423-979-4100 pault@etsu.edu	N/A	Group 1
Paul, Timir, MD	ETSU	Multicenter Registry for Peripheral Arterial Disease Interventions and Outcome (XL PAD Registry)	5/21/2019	Timir Paul, MD 423-979-4100 pault@etsu.edu	N/A	Group 1
Popescu, Marcela, MD	ETSU/St Jude	SJMB12: A Clinical and Molecular Risk-Directed Therapy for Newly Diagnosed Medulloblastoma	12/21/2015	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Open	Group 1
Popescu, Marcela, MD	ETSU/St Jude	RMS13: Risk adapted Focal Proton Beam Radiation and/or Surgery in Participants with Low, Intermediate and High Risk Rhabdomyosarcoma Receiving Standard or Intensified Chemotherapy	5/3/2016	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Open	Group 1
Popescu, Marcela, MD	ETSU/St Jude	AML16: A Phase II Trial of Epigenetic Printing in Patients with Newly Diagnosed Acute Myeloid Leukemia	5/17/2018	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Open	Group 1
Popescu, Marcela, MD	ETSU/St Jude	SJCRH, TOTAL XV: Total Therapy Study XV for Newly Diagnosed Patients with Acute Lymphoblastic Leukemia	1/25/2001	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Data analysis only	Group 1
Popescu, Marcela, MD	ETSU/St Jude	Total Therapy Study XVI for Newly Diagnosed Pts. w/Acute Lymphoblastic Leukemia	11/4/2008	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Closed to accrual	Group 1
Popescu, Marcela, MD	ETSU/St Jude	HODO8: Reduced Duration Stanford V Chemotherapy w/Low-Dose Tailored-Field Radiation Therapy for Favorable Risk Pediatric Hodgkin Lymphoma	5/8/2009	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Open	Group 1

Popescu, Marcela, MD	ETSU/St Jude	NHL16: Study for newly diagnosed pts. w/ acute lymphoblastic lymphoma	8/8/2013	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Closed to accrual	Group 1
Popescu, Marcela, MD	ETSU/St Jude	CSqHPV: Quadrivalent Human Papillomavirus (qHPV) Vaccine in Cancer Survivors: Phase II Open-Label Vaccine Trial	11/4/2014	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Closed to accrual	Group 1
Popescu, Marcela, MD	ETSU/St Jude	TOT17: TOTAL THERAPY STUDY XVII (TOTXVII) for Newly Diagnosed Patients with Acute Lymphoblastic Leukemia and Lymphoma	5/2/2017	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Open	Group 1
Popescu, Marcela, MD	ETSU/St Jude	SIDAWN: Molecularly-Driven Doublet Therapy for All Children With Refractory or Recurrent CNS Malignant Neoplasms and Young Adults with Refractory or Recurrent SHH Medulloblastoma	5/17/2019	Dr. Kate Strickland, 423-431-3951 Kate.Strickland@balladhealth.org	Open	Group 1
Reddy, Chakradhar, MD	External Physician	REGENERATE 747-303 A Phase 3, Double-Blind, Randomized, Long-Term, Placebo-Controlled, Multicenter Study Evaluating the Safety and Efficacy of Obeticholic Acid in Subjects with Nonalcoholic Steatohepatitis	6/8/2017	Chakradhar Reddy, 786-286-0780 reddyc@etsu.edu creddy@etrinstitute.com	Open	Group 1
Reddy, Chakradhar MD	External Physician	A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Cenicriviroc for the Tx of Liver Fibrosis in Adult Subjects with Nonalcoholic Steatohepatitis.	3/1/2019	Chakradhar Reddy, 786-286-0780 reddyc@etsu.edu creddy@etrinstitute.com	Open	Group 1
Reddy, Chakradhar MD	External Physician	747-304 Phase 3, Double-blind, Randomized, Placebo controlled, Multi-center Study to evaluate the efficacy and safety of Obeticholic Acid in Subjects with Compensated Cirrhosis due to Nonalcoholic Steatohepatitis	9/27/2018	Chakradhar Reddy, 786-286-0780 reddyc@etsu.edu creddy@etrinstitute.com	Open	Group 1
Rush, Daniel, MD	ETSU	Retrospective evaluation of peripheral vascular disease	11/12/2013	Daniel Rush, 423-833-7132 Rush@etsu.edu	N/A	Group 1
Schweitzer, John MD	ETSU	Asthma Meds in Hand	8/1/2018	John Schweitzer, 423-794-6040 schweijw@etsu.edu	N/A	Group1
Shah, Darshan, MD	ETSU	Correlation of Newborn's Clinical Course with Infant's Drug Testing and Maternal Drug Use	7/4/2012	Darshan Shah, 423-328-6871 shahd@etsu.edu	N/A	Group 1
Shah, Darshan, MD	ETSU	Feelings of Neonatal Intensive Care Unit's Nurses toward Neonatal Abstinence Syndrome and its Effects on Care of Infant	11/21/2013	Darshan Shah, 423-328-6871	N/A	Group 1

		and Family		shahd@etsu.edu		
Shams, Tanzid MD	BH	Non-Blinded Data Collection Study of Concussion using the BrainPulse	7/7/2016	Christy Adkins, 423-431-5647 Christy.Adkins@balladhealth.org	Open	Group 1 Class A
Smith, Steven MD	ETSU	Triple Rule our Cardiac CT Correlation to Disease State	1/12/2018	Steven Smith, 423-410-4745 smithsm@etsu.edu	N/A	Group 1
Stewart, David PharmD	ETSU	An Interprofessional Approach to Achieving Opioid Guideline Recommendations at a Primary Care Clinic	12/14/2018	David Stewart, 423-439-2071 StewardD@etsu.edu	N/A	Group 1
Stewart, David, PharmD	ETSU	Why do you do that thing you do? Describing the decision process of postoperative opioid and pain prescribing patterns in orthopedic and general surgeons	1/8/2019	David Stewart, 423-439-2071 StewardD@etsu.edu	Open	Group 1
Tharp, Jennifer transferred from Jason Sparks	BH	The Effect of Illicit Drug Use on Percentage of Time Maintained at Richmond Agitation-Sedation Scale (RASS) Goal	10/16/2018	Jennifer Tharp, Jen.Tharp@balladhealth.org	N/A	Group 1
Wood, David, MD	ETSU	Development of a research database for studies of infants exposed to drugs that can cause neonatal abstinence syndrome (NAS)	7/19/2016	David Wood, 904-236-8311 wooddl@etsu.edu	N/A	Group 1
Zayko, Maria DO	ETSU	The role of rapid on-site evaluation in correlating surgical and cytological specimens in lung masses	2/13/2018	Maria Zayko, 509-389-4445 zaykom@etsu.edu	N/A	Group 1
Xie, Qian	ETSU	Met-Targeting Chimeric Antigen Receptor (CAR) T-Cell Therapy in Hepatocellular Carcinoma	7/10/2019	Qian Xie, 423-439-5332 Xieq01@etsu.edu	Open	Group 1

81 studies

Group 1 Facilities

Johnson City Medical Center
Niswonger Children's Hospital
Franklin Woods Community Hospital
Regional Cancer Center
Sycamore Shoals Hospital
Indian Path Community Hospital
Laughlin Memorial Hospital
Unicoi County Hospital
Woodridge Hospital
Mountain States Medical Group

Princeton Transitional Care
Johnson County Community Hospital

Dickenson Community Hospital
Johnston Memorial Hospital
Norton Community Hospital
Russell County Hospital

Smyth County Community Hospital
Bristol Regional Medical Center

Group 2 Facilities

Bristol Regional Medical Center

Hancock County Hospital

Hawkins County Memorial Hospital

Holston Valley Medical Center

Lonesome Pine Hospital

Mountain View Regional Hospital

Takoma Regional Hospital

WHS IRB Active Studies 01Jul2018 - 30Jun2019

RTOG 0617: A Randomized Phase III Comparison of Standard Dose (60 Gy) vs. High Dose (74 Gy) Conformal Radiotherapy with Concurrent and Consolidation Carboplatin/Paclitaxel with Stage IIIA/IIIB Non Small Cell Lung Cancer

ECOG E5103: A Double-Blind Phase III Trial of Doxorubicin and Cyclophosphamide Followed by Paclitaxel with Bevacizumab or Placebo in Patients with Lymph Node Positive and High-Risk Lymph Node Negative Breast Cancer

ECOG E2805 ASSURE: Adjuvant Sorafenib or Sunitinib for Unfavorable Renal Carcinoma

RTOG 0424 Phase II Study of Temozolomide based chemoradiotherapy regimen for Hi Risk Low Grade Gliomas

CALGB 79803: A Phase III Chemoprevention Trial of Selenium Supplementation in Person's with Resected Stage I Non-Small Cell Cancer

NCI CIRB RTOG 0534: A Phase III Trial of Short-Term Androgen Deprivation with Pelvic Node or Positive bed Only Radiotherapy (SPORT) in Prostate Cancer patients with A Rising PSA after Radical Prostatectomy

NCI CIRB CALGB 30610: Phase III Comparison of Thoracic Radiotherapy Regimens in Patients with Limited Stage Small Cell Lung cancer also Receiving Cisplatin and Etoposide

NCI CIRB CALGB 90203: A Randomized Phase III Study of Neoadjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy vs. Immediate Radical Prostatectomy in Patients with High Risk Clinically Localized Prostate Cancer

N9831Phase III Trial of Doxorubicin and Cyclophosphamide (AC) Followed by Weekly Paclitaxel with or without Trastuzumab as Adjuvant Treatment for women with HER-2 Overexpressing Node Positive Breast Cancer

PACCT-1: Program for the Assessment of Clinical Cancer Test Trial Assigning Individualized Options for Treatment- The TAILORX Trial

ECOG E5202: A Phase III Study of 5-FU, Leucovorin and Oxalplatin vs. 5-fu, Leucovorin, Oxaliplatin and Bevacizumab in patients with Stage II Colon Cancer at High Risk for Recurrence

Graftmaster RX Coronary Stent Graft System; HDE #000001; Greeneville Community Hospital-East Campus, 1420 Tusculum Boulevard Greeneville, TN 37745 and Graftmaster RX; HDE #000001; Wellmont Bristol Regional Medical Center, One Medical Park Boulevard, Bristol TN 37620

NCI CIRB CALGB 80702 A Phase III Trial of 6 versus 12 treatments of adjuvant FOLFOX plus Celecoxib or placebo for patients with resected stage III colon cancer

CALGB 9497: Health Status and Quality of Life in Patients with Early Stage Hodgkin's Disease(A Companion Study to CALGB 9391)

RTOG 1008 A Randomized Phase II Study of Adjuvant Concurrent Radiation and Chemotherapy Versus Radiation Alone in Resected High Risk Malignant Salivary Gland Tumors

NCI CIRB S1007 A Phase III, Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy +/- Chemotherapy in patients with 1-3 positive nodes, hormone receptor positive and HER2 Negative Breast Cancer with Recurrence Score of 25 or less

NSABP B47 A Randomized Phase III Trial of Adjuvant Therapy comparing Chemotherapy Alone (6 cycles of Docetaxel plus Cyclophosphamide or Four Cycles of Doxorubicin Plus Cyclophosphamide followed by weekly Paclitaxel) to Chemotherapy Plus Trastuzumab in Women with Node Positive or High-Risk Node Negative HER2 Low Invasive Breast Cancer

NCI CIRB RTOG 0924 Androgen Deprivation therapy and High Dose Radiotherapy with or without Whole Pelvic Radiotherapy in Unfavorable intermediate or favorable high-risk prostate cancer: A Phase III Randomized Trial

NCI CIRB SWOG S0931 EVEREST: EVERolimus for Renal Cancer Ensuing Surgical Therapy, A Phase III Study

NCI CIRB E1609 A Phase III Randomized Study of Adjuvant Ipilimumab Anti-CTLA4 Therapy Versus High Dose Interferon a-2b for Resected High Risk Melanoma

Physicians Plasma Alliance Pre Clinical Drug Development and Callibration/Control and Chemistry Analyzers Study/ " VMR #0602"

BIG 4-11/BO25126/TOC4939G- A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer

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NSABP B-49 A Phase III Clinical Trial Comparing the Combination of Docetaxel Plus Cyclophosphamide to Anthracycline-Base Chemotherapy Regimens for Women with Node Positive or High-Risk Node Negative, HER2 Negative Breast Cancer

Quad PAS: Quadripolar Pacing Post Approval Study

NCI CIRB E2810 Randomized, Double Blind Phase III study of Pazopaninb vs Placebo in patients with Metastatic Renal cell carcinoma who have no evidence of disease following metastatectomy

Product Surveillance Registry (PSR)

Knowledge and perception of Head and neck cancer risk

Absorb III-IV-GT1 Randomized Controlled Trial

SCAFFOLD Clinical Study: The GORE Carotid Stent Clinical Study for the Treatment of Carotid Artery Stenosis in Patients at Increased Risk for Adverse Events from Carotid Endarterectomy. IDE #: G110127

BTK Trial: A Prospective, Multicenter, Single Blind, Randomized, Controlled Trial Comparing the Lutonix Drug Coated Balloon vs. Standard Balloon Angioplasty for Treatment of Below-the-Knee (BTK) Arteries. IDE: G130007

NSABP MPR-1 NSABP Patient Registry and Biospecimen Repository

ILLUMENATE Pivotal Post-Approval Study: Prospective, Randomized, Single-Blind, U.S. Multi-Center Study to Evaluate Treatment of Obstructive Superficial Femoral Artery or Popliteal Lesions With A Novel Paclitaxel-Coated Percutaneous Angioplasty Balloon

Cardiovascular health management: studies in atherosclerosis

LSS of 4-SITE Study: The Longitudinal Surveillance Study of the 4-SITE Lead/Header System

Zilver PTX V

BO28407- A Randomized, Multicenter, Open-label, Phase III Trial Comparing Trastuzumab Plus Pertuzumab Plus A Taxane Following Anthracyclines Versus Trastuzumab Emtansine Plus Pertuzumab Following Anthracyclines as Adjuvant Therapy in Patients With Operable HER2-Positive Primary Breast Cancer

E7208 A Randomized Phase II Study of Irinotecan and Cetuximab with or without the Anti-Angiogenic Antibody, Ramucirumab (IMC-1121B), in Advanced, K-ras Wild-type Colorectal Cancer Following Progression on Bevacizumab-Containing Chemotherapy

NCI CIRB A081105 RANDOMIZED DOUBLE BLIND PLACEBO CONTROLLED STUDY OF ERLOTINIB OR PLACEBO IN PATIENTS WITH COMPLETELY RESECTED EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) MUTANT NON-SMALL CELL LUNG CANCER (NSCLC)

NCI CIRB E4512 A Randomized Phase III Trial for Surgically Resected Early Stage Non-Small Cell Lung Cancer: Crizotinib versus Observation for Patients with Tumors Harboring the Anaplastic Lymphoma Kinase (ALK) Fusion Protein.

NCI CIRB A151216 Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST)

REVEAL/ INCB-MA-PV-401: Prospective Non-Interventional Study of Disease Progression and Treatment of Patients With Polycythemia Vera In United States Academic Or Community Clinical Practices

Results of aortic root replacement in a community hospital (Retrospective Data Collection)

MAZE - Results of concomitant MAZE procedure for atrial fibrillation (Retrospective Data Collection)

A Prospective, Non-Randomized, Parallel Cohort, Multi-center Study of UPHOLD LITE vs. Native Tissue for Treatment of Women with Anterior/Apical Pelvic Organ Prolapse.

CREST 2: Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial; IDE #G130221

REINFORCE: Renal Denervation Using the Vessix Reduce Catheter and Vessix Generator for the Treatment of Hypertension. IDE G130240

NCI CIRB NRG BR003 A Randomized Phase III Trial of Adjuvant Therapy Comparing Doxorubicin Plus Cyclophosphamide followed by weekly Paclitaxel with or without Carboplatin for Node Positive or High-Risk Node Negative

GO29527 A Phase III, Open Label, Randomized Study to Investigate the efficacy and Safety of Atezolizumab (ANTI-PD-L1 Antibody) compared with best supportive care following adjuvant cisplatin-based chemotherapy in Patients with completely resected Stage Ib-IIIa Non-Small Cell Lung Cancer

WHS IRB Active Studies 01Jul2018 - 30Jun2019

SERATRIALS 15002 Prospective Collection of Samples for Research
TOBA II: Tack Optimized Balloon Angioplasty Study for the Superficial Femoral and Proximal Popliteal Arteries Using the Tack Endovascular System™
TWILIGHT Study: Ticagrelor with Aspirin or Alone in High-Risk Patients after Coronary Intervention
NCI CIRB EA6134 A Randomized Phase III trial of Dabrafenib + Trametinib followed by Ipilimumab + Nivolumab at Progression vs. Ipilimumab + Nivolumab followed by Dabrafenib + Trametinib at Progression in Patients With Advanced BRAFV600 Mutant Melanoma
W029522 A Phase III, Multicenter Randomized Placebo Controlled Study of MPDL3280A in combination with NAB-Paclitaxel for patients with Previously Untreated metastatic Triple Negative Breast Cancer
Effect of Acute Care Surgical Program Implementation in a Rural Level One Trauma Center
NCI CIRB 9671 Exceptional Responder Initiative
The National Neurosurgery Quality and Outcomes Database
CONFIDENCE TRIAL: Carotid Stent Trial to Evaluate the Safety and Efficacy of the Roadsaver Stent Used in Conjunction with the Nanoparasol Embolic Protection System for Patients at Increased Risk for Adverse Events from Carotid Endarterectomy; IDE G140249
SurModics Early Feasibility Trial: A Prospective, Multi-Center, Single-Arm Trial to Assess the Safety and Feasibility of the SurModics Drug Coated Balloon in the Treatment of Subjects with De Novo Lesions of the Femoropopliteal Artery; IDE G150121
dal-GenE: A Phase III, Double-Blind, Randomized Placebo-Controlled Study to Evaluate the Effects of Dalcetrapib on Cardiovascular (CV) Risk in a Genetically Defined Population with a Recent Acute Coronary Syndrome (ACS)
ONT-380-206 Phase 2 Randomized, Double-Blinded, Controlled Study of Tucatinib vs. Placebo in Combination with Capecitabine and Trastuzumab in Patients with Pretreated Unresectable Locally Advanced or Metastatic HER2+ Breast Carcinoma (HER2CLIMB)
W039210 A PHASE III, MULTICENTER, RANDOMIZED, PLACEBO-CONTROLLED, DOUBLE-BLIND STUDY OF ATEZOLIZUMAB (ANTI-PD-L1 ANTIBODY) AS ADJUVANT THERAPY IN PATIENTS WITH RENAL CELL CARCINOMA AT HIGH RISK OF DEVELOPING METASTASIS FOLLOWING NEPHRECTOMY
Chocolate Touch Study: A Randomized Trial to confirm the Safety and Effectiveness of Chocolate Touch™ Paclitaxel Coated PTA Balloon Catheter, in Above the Knee Lesions; IDE G160085
A011401 RANDOMIZED PHASE III TRIAL EVALUATING THE ROLE OF WEIGHT LOSS IN ADJUVANT TREATMENT OF OVERWEIGHT AND OBESE WOMEN WITH EARLY BREAST CANCER
INCB-MA-MF-401: Prospective, Longitudinal, Non-Interventional Study of Disease Burden and Treatment of Patients with Low-Risk Myelofibrosis (MF) or High-Risk Essential Thrombocythemia (ET) or ET Patients Receiving ET-Directed Therapy
NCI CIRB NRG-GY005 A Randomized Phase II/III Study of the Combination of Cediranib and Olaparib Compared to Cediranib or Olaparib Alone, or Standard of Care Chemotherapy in Women with Recurrent Platinum-Resistant or Refractory Ovarian, Fallopian Tube, or Primary Peritoneal Cancer (COCOS)
NCI CIRB A011502 A RANDOMIZED PHASE III DOUBLE BLINDED PLACEBO CONTROLLED TRIAL OF ASPIRIN AS ADJUVANT THERAPY FOR NODE POSTIVE HER2 NEGATIVE BREAST CANCER: THE ABC TRIAL
NCI CIRB DCP-001, Use of a Clinical Trial Screening Tool to Address Cancer Health Disparities in the NCI Community Oncology Research Program (NCORP)
NCI CIRB EA5142 Adjuvant Nivolumab in Resected Lung Cancers (ANVIL) – A Randomized Phase III Study of Nivolumab After Surgical Resection and Adjuvant Chemotherapy in Non-Small Cell Lung Cancers
ORION-3 - An open label, active comparator extension trial to assess the effect of long-term dosing of inclisiran and evolocumab given as subcutaneous injections in subjects with high cardiovascular risk and elevated LDL-C
NCI CIRB RTOG 0724 PHASE III RANDOMIZED STUDY OF CONCURRENT CHEMOTHERAPY AND PELVIC NCIC IRB RTOG 0724 RADIATION THERAPY WITH OR WITHOUT ADJUVANT CHEMOTHERAPY IN HIGH-RISK PATIENTS WITH EARLY-STAGE CERVICAL CARCINOMA FOLLOWING RADICAL HYSTERECTOMY
DEFINE PCI: Physiologic Assessment Of Coronary Stenosis Following PCI

WHS IRB Active Studies 01Jul2018 - 30Jun2019

CLEAR Outcomes - A randomized, double-blind, placebo-controlled study to assess the effects of bempedoic acid (ETC-1002) on the occurrence of major cardiovascular events in patients with, or at high risk for, cardiovascular disease who are statin intolerant

A5481082 POLARIS: Palbociclib in Hormone Receptor Positive Advanced Breast Cancer: A Prospective Multicenter Non-Interventional Study

Disrupt PAD III - Randomized study of the Shockwave Medical Peripheral Lithoplasty® System used in combination with DCB versus standard balloon angioplasty used in combination with DCB to treat moderate and severely calcified femoropopliteal arteries.

ECLIPSE: Evaluation of Treatment Strategies for Severe Calcific Coronary Arteries: Orbital Atherectomy vs. Conventional Angioplasty Technique Prior to Implantation of Drug-Eluting Stents

XL PAD Registry: Multicenter Registry for Peripheral Arterial Disease Interventions and Outcomes

AMPLATZER Post-Infarct Muscular VSD Occluder; HUD #07-0178; Wellmont Holston Valley Medical Center, 130 W. Ravine Road, Kingsport, TN 37660

TRANSCEND Study: The Randomized and Controlled Noninferiority Trial to Evaluate Safety and Clinical Efficacy of the SurVeil Drug-Coated Balloon In the Treatment of Subjects with Stenotic Lesions of the Femoropopliteal Artery Compared to the Medtronic IN.PACT Admiral Drug-Coated Balloon.

NCI CIRB A021502 RANDOMIZED TRIAL OF STANDARD CHEMOTHERAPY ALONE OR COMBINED WITH ATEZOLIZUMAB AS ADJUVANT THERAPY FOR PATIENTS WITH STAGE III COLON CANCER AND DEFICIENT DNA MISMATCH REPAIR (ATOMIC: Adjuvant Trial of Deficient Mismatch Repair in Colon Cancer)

NSABP B58 MonarchE: A Randomized, Open-Label, Phase 3 Study of Abemaciclib Combined with Standard Adjuvant Endocrine Therapy versus Standard Adjuvant Endocrine Therapy Alone in Patients with High Risk, Node Positive, Early Stage, Hormone Receptor Positive, Human Epidermal Receptor 2 Negative, Breast Cancer

NCI CIRB A031501 PHASE III RANDOMIZED ADJUVANT STUDY OF MK-3475 (PEMBROLIZUMAB) IN MUSCLE INVASIVE AND LOCALLY ADVANCED UROTHELIAL CARCINOMA (AMBASSADOR) VERSUS OBSERVATION

NSABP B59 A Randomized, Double-Blind, Phase III Clinical Trial of Neoadjuvant Chemotherapy with Atezolizumab or Placebo in Patients with Triple-Negative Breast Cancer Followed by Adjuvant Continuation of Atezolizumab or Placebo

Diagnostic QC and Pre-Clinical Sample Collection Project

Evaluating the Effects of Aromatherapy on Neonates with Neonatal Abstinence Syndrome

Causes and Prevention of Hospital Readmissions in Rural Northeastern Tennessee and Southern Virginia Compared to the Entire United States

NCI CIRB NRG-GI004-Colorectal Cancer Metastatic dMMR Immuno-Therapy (COMMIT) Study: A Randomized Phase III Study of mFOLFOX6/Bevacizumab Combination Chemotherapy with or without Atezolizumab or Atezolizumab Monotherapy in the First-Line Treatment of Patients with Deficient DNA Mismatch Repair (dMMR) Metastatic Colorectal Cancer

EVAS II Confirmatory Study: Prospective, Multicenter, Single Arm Safety and Effectiveness Confirmatory Study of Endovascular Abdominal Aortic Aneurysm Repair using the Nellix® System

Detour II

Population-Based Lifestyle Intervention: Translation of the Pritikin Program to the Community Pilot Study

TESARO 3000-02-004 A PHASE 2, SINGLE-ARM, OPEN-LABEL STUDY TO EVALUATE THE SAFETY AND EFFICACY OF NIRAPARIB COMBINED WITH BEVACIZUMAB AS MAINTENANCE TREATMENT IN PATIENTS WITH ADVANCED OVARIAN CANCER, FALLOPIAN TUBE CANCER, OR PRIMARY PERITONEAL CANCER FOLLOWING FRONT-LINE PLATINUM-BASED CHEMOTHERAPY WITH BEVACIZUMAB

AAD Loading Retrospective and AAD Loading Prospective-Afib Sub-study

NCI CIRB A221505 PHASE III RANDOMIZED TRIAL OF HYPOFRACTIONATED POST MASTECTOMY RADIATION WITH BREAST RECONSTRUCTION

NCI CIRB EA8153 Cabazitaxel with Abiraterone versus Abiraterone alone Randomized Trial for Extensive Disease following Docetaxel: the CHARTED2 Trial

Outcomes Following Thumb MCP Joint Arthrodesis with LRTI

WHS IRB Active Studies 01Jul2018 - 30Jun2019

NCI CIRB EAQ162CD Longitudinal Assessment of Financial Burden in Patients with Colon or Rectal Cancer Treated with Curative Intent

NSABP FC-11: A Phase II Study Evaluating the Combination of Neratinib Plus Trastuzumab or Neratinib Plus Cetuximab in Patients with "Quadruple Wild-Type" (KRAS/NRAS/BRAF/PIK3CA Wild-Type) Metastatic Colorectal Cancer Based on HER2 Status: Amplified, Non-Amplified (Wild-Type) or Mutated

NCI CIRB EA5161 Randomized Phase II Clinical Trial of Cisplatin/Carboplatin and Etoposide (CE) alone or in Combination with Nivolumab as Frontline Therapy for Extensive Stage Small Cell Lung Cancer (ED-SCLC)

ELEVATE IDE Study: Expanding Patient Applicability with PoLYmer SEaling OVATion Alto StEnt Graft IDE Study

UTX-TGR-205 A Phase 2b Randomized Study to Assess the Efficacy and Safety of the Combination of Ublituximab + TGR-1202 and TGR-1202 alone in Patients with Previously Treated Diffuse Large B-Cell Lymphoma

GE-265-303: A Phase 3, Open-Label, Multicentre Study of Flurpiridaz (18F) Injection for Positron Emission Tomography (PET) Imaging for Assessment of Myocardial Perfusion in Patients Referred for Invasive Coronary Angiography Because of Suspected Coronary Artery Disease

Implementation of Naloxone Education, Training, and Distribution to High Risk Populations at a Community Teaching Hospital

Comparing Opioid As-Needed Range Orders versus Opioid Fixed-Dose Orders and the Effects on Patient Safety and Pain Management

BES 10-07: Evaluation of the GORE® VIABAHN BALLOON EXPANDABLE ENDOPROSTHESIS (VIABAHN BX) for the Treatment of Occlusive Disease in the Common and External Iliac Arteries

WRAP-IT: World-wide Randomized Antibiotic Envelope Infection Prevention Trial

MPP PMS - MultiPoint Pacing Post Market Study

LUCY Study: TriVascular Evaluation of Females who are Underrepresented Candidates for Abdominal Aortic Aneurysm Repair; Protocol 771-0016

LIBERTY 360: Prospective, Observational, Multi-Center Clinical Study to Evaluate Acute and Long Term Clinical and Economic Outcomes of Endovascular Device Intervention in Patients with Distal Outflow Peripheral Arterial Disease (PAD)

EXIMO: Safety And Effectiveness Evaluation Of EXIMO Medical's B-Laser™, A Hybrid Atherectomy Device, In Subjects Affected With PAD

ODYSSEY LEGACY Disease Observational Study: Long-term legacy effects of LDL-C lowering alirocumab: observational follow-up of the ODYSSEY OUTCOMES study

A Randomized, Double-Blind, Placebo-Controlled and Delayed-Start Study of LY3314814 in Mild Alzheimer's Disease Dementia (THE DAYBREAK STUDY)

CANTOS: A Randomized, Double-Blind, Placebo-Controlled, Event-Driven Trial of Quarterly Subcutaneous Canakinumab in the Prevention of Recurrent Cardiovascular Events Among Stable Post-Myocardial Infarction Patients with Elevated hsCRP ACZ885/Canakinumab Study No.: CACZ885M2301

A 24-month, Multicenter, Randomized, Double-blind, Placebo-controlled, Parallel-group, Efficacy, Safety, Tolerability, Biomarker, and Pharmacokinetic Study of AZD3293 in Early Alzheimer's Disease (The AMARANTH Study)

NCI CIRB EA5152 A Randomized Phase II Trial of Nivolumab, Cabozantinib Plus Nivolumab, and Cabozantinib Plus Nivolumab Plus Ipilimumab in Patients with Previously Treated Non-Squamous NSCLC

ATLAS Study: AtriClip Left Atrial Appendage Exclusion Concomitant to Structural Heart Procedures

IN.PACT SFA II: Randomized trial of IN.PACT (Paclitaxel) Admiral Drug-Eluting Balloon (DEB) vs Standard PTA for the Treatment of Atherosclerotic Lesions in the Superficial Femoral Artery (SFA) and/or Proximal Popliteal Artery (PPA) IDE: G110200

LEVANT 2: A prospective, multicenter, single blind, randomized, controlled trial comparing the Moxy Drug Coated Balloon vs. Standard Balloon Angioplasty for treatment of femoropopliteal arteries. IDE# G100255

EXCEL Clinical Trial: Evaluation of Xience PRIME or Xience V versus Coronary Artery Bypass Surgery for Effectiveness of Left Main Revascularization; Protocol 10-389

CONFIRM (LEVANT PAS #2): A Prospective, Multicenter, Single Arm, Post-Approval Study of the Lutonix Drug Coated Balloon for Treatment of Femoropopliteal Arteries in United States Females

WHS IRB Active Studies 01Jul2018 - 30Jun2019

ARTISAN: iCAST RX De Novo Stent Placement for the Treatment of Atherosclerotic Renal Artery Stenosis in Patients with Resistant Hypertension; Protocol #: iCAST RX-ARAS-001; IDE G110194/A001
A221101 A Phase III Randomized, Double Blind Placebo Controlled Study of Armodafinil to Reduce Cancer related Fatigue in Patients with Glioblastoma Multiforme
DANCE: Delivery of Dexamethasone to the Adventitia to eNhanse Clinical Efficacy after Femoropopliteal Revascularization
The ROADSTER 2 Registry
Alucent: Natural Vascular Scaffold (NVS) Therapy for the Treatment of Atherosclerotic Lesions in the Superficial Femoral Artery (SFA) and/or Proximal Popliteal Artery (PPA); IND 122324
IC-HOT STUDY: SS02 Therapy G120029/S008
VEST/PREDICTS: The Vest prevention of Early Sudden Death Trial Prediction of ICD Therapies Study
NOPRODDMMY4001 Multiple Myeloma Patient Registry
A Pilot Investigation of Comprehensive Fatigue Management Model in a community cancer center setting for breast cancer survivors who suffer moderate-severe fatigue during surveillance period
NCI CIRB E2112- A Randomized Phase III Trial of Endocrine Therapy plus Entinostat/Placebo in Postmenopausal Patients with Hormone Receptor-Positive Advanced Breast Cancer
Medevac Transport of the STEMI Patient
The Effects of Mentoring on Nursing Incivility Experienced by New Graduate Nurses
NCI CIRB S1605 "Phase II Trial of Atezolizumab in BCG-Unresponsive Non-Muscle Invasive Bladder Cancer." Study Chairs: Drs. P. Black, P. Singh, and S. Lerner.
NCI CIRB CALGB 80802 Phase III Randomized Study of Sorafenib Plus Doxorubicin versus Sorafenib in Patients with Advanced Hepatocellular Carcinoma
Mandatory State Helmet Safety Laws Affect ATV Crash Mortality Rates At A Tennessee Trauma Center
Trauma Surgeon Funded Injury Prevention and Research Decrease Motorcycle Crash Injuries
Evaluation of Penicillin Allergy Documentation on Antibiotic Selection
Evaluation of a Vancomycin Nomogram in an Obese Patient Population
NCI CIRB S1320 A Randomized, Phase II Trial of Intermittent Versus Continuous Dosing of Dabrafenib (NSC-763760) and Trametinib (NSC-763093) in BRAFV600E/K Mutant Melanoma." Study Chairs: Drs. A. Algazi, A. Daud, and R.Lo
Therapy Gcodes, Evaluation Complexity & Discharge Disposition
NSABP B40 A Randomized Phase III Trial of Neoadjuvant Therapy in Patients with Palpable and Operable Breast Cancer Evaluating the Effect on Pathologic Complete Response of adding capecitabine or gemcitabine to Docetaxel when Administered Before AC with or without Bevacizumab and Correlative Science Studies Attempting to Identify Predictors of High Likelihood for pCR with Each of the Regimens.
Denervation of the thumb carpometacarpal joint
Gallbladder Cancer in Rural Appalachia: Incidence, Prevalence and Stage at Diagnosis
NCI CIRB RTOG 0920 A Phase III Study of Postoperative Radiation Therapy (IMRT) +/- Cetuximab for locally advanced Resected Head and Neck Cancer
E5204 Intergroup Randomized Phase III Study of Postoperative Oxaliplatin, 5FU, and Leucovorin vs. Oxaliplatin, 5FU, Leucovorin and Bevacizumab for patients with StageII or III Rectal cancer Receiving Preoperative Chemoradiation
Multi-site collection of human bio fluids to be used in the development and or testing of new and existing in vitro diagnostic assays or evaluation of therapeutics.
Prospective Collection of Biospecimens for Research
A Pilot Investigation of Male and Female Breast and Ovarian De-Identified Cancer Data to Evaluate and Enhance the CDC's Know:BRCA Clinical Decision Support Tool
NCI CIRB WF-30917CD A Stepped-Care Telehealth Approach to Treat Distress in Rural Cancer Survivors
XIENCE 90 Study

WHS IRB Active Studies 01Jul2018 - 30Jun2019

NCI CIRB NRG-GY009 A RANDOMIZED, PHASE II/III STUDY OF PEGYLATED LIPOSOMAL DOXORUBICIN AND CTEP-SUPPLIED ATEZOLIZUMAB (IND #134427) VERSUS PEGYLATED LIPOSOMAL DOXORUBICIN/BEVACIZUMAB AND CTEP-SUPPLIED ATEZOLIZUMAB VERSUS PEGYLATED LIPOSOMAL DOXORUBICIN/BEVACIZUMAB IN PLATINUM RESISTANT OVARIAN CANCER

Pilot study of the impact of screening for subclinical atherosclerosis on health, behavioral, and psychosocial outcomes on asymptomatic individuals

20170758: A Prospective Observational Study to Estimate the Incidence of Febrile Neutropenia (FN) Among Subjects With Non-myeloid Malignancies at High Risk for FN and Receiving Neulasta® (pegfilgrastim) Onpro® kit or Other Physician Choice Options for Prophylaxis of FN

ATTUNE Cementless RP Performance Evaluation

ODO-TE-B301 A Multinational, Multicenter, Randomized, Phase 3 Study of Teseaxel plus a Reduced Dose of Capecitabine versus Capecitabine Alone in Patients with HER2 Negative, Hormone Receptor Positive, Locally Advanced or Metastatic Breast Cancer Previously Treated with a Taxane

NCI CIRB S1418 A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of MK-3475 as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with > 1 cm Residual Invasive Cancer or Positive Lymph Nodes (ypN+) After Neoadjuvant Chemotherapy." Study Chairs: Drs. L Puzstai, JMV Mammen and NL Henry, R Jagsi.

A retrospective review of stress ulcer prophylaxis utilization at a community teaching hospital

Bronchial Thermoplasty - A descriptive analysis of experience at an East Tennessee teaching hospital

A Review of Appropriate Dosing of Direct Oral Anticoagulants

Evaluation of the effectiveness of a vancomycin dosing nomogram at predicting therapeutic 24-hour area under the curve to minimum inhibitory concentration ratios (AUC/MIC)

Cross-Seal IDE Trial: Prospective, Multi-Center, Single Arm Study of the Cross-Seal™ Suture-Mediated Vascular Closure Device System

DX Biosamples, Pre-Clinical Drug Development and Calibration/Control and Chemistry Analyzer Study, VMR 0602 Disease State

Bluefield College Quality Improvement Project-ERAS

Evaluating the Effects of Aromatherapy on Neonates with Neonatal Abstinence Syndrome

ECG Belt for CRT Response

Identifying Non-Adherence in Hypertensive Patients

NCI CIRB A231602CD ASSESSING FINANCIAL DIFFICULTY IN PATIENTS WITH BLOOD CANCERS

PROMINENT: Pemafibrate to Reduce Cardiovascular Outcomes by Reducing Triglycerides In Patients with Diabetes

CVA studies 2018 (R9)		
	ENROLLING	Enrolled
AAD	Physician study	
CANTOS		
CHOCOLATE		NCT02924857
CLEAR Outcomes		NCT02993406
Confidence		NCT02657707
Confirm		NCT02813577
CREST 2		NCT02240862
DAL-Gene		NCT02525939
DETOUR II		NCT03119233
DISRUPT		NCT02923193
Eclipse		NCT03108456
EVAS2		NCT03298477
Odyssey		NCT01663402
ORION 3		NCT03060577
Power Of Health	Physician study	
ROADSTER 2		NCT02536378
Transcend		NCT03241459
XL PAD		
	FOLLOW UP	
Absorb III		NCT01751906
Absorb IV		NCT02173379
Alucent		NCT03148808
Atlas		NCT02701062
BTK		NCT02701062
Define		NCT03084367
Elevate		NCT02949297
Excel		NCT01205776
Illumenate		NCT01858428
Levant 2		NCT01790243
Levant CAR		NCT01628159
Liberty		NCT01855412
PSR		
Quad Pas		NCT01555619
Reinforce		NCT02392351
Reliance		NCT01596595
Scaffold		
Surmodics		NCT02648620
TOBA II		NCT02522884

CVA studies 2018 (R9)		
Twilight		NCT02270242
Vest		NCT00628966
WRAP-IT		NCT02277990
Zilver		NCT01901289
CVA studies 2018	CLOSED	
Artisan		NCT01673373
Eximo		
Format		NCT01804088
IC-Hot		NCT02603835
ICY-AVNRT		NCT01426425
Inpact SFA		NCT01566461
Life		NCT02224794
Lucy		NCT02479191
Lutonix		NCT02063672
Manta		NCT02908880
Orion 1		NCT02597127
Parachute		NCT01614652
Viabahn		NCT02080871

CVA studies 2018 (R10)			
ENROLLING	SPONSOR	# Enrolled	Date of Contract
AAD	NA	10	NA
CANTOS	Novartis	9	1/1/2013
CHOCOLATE	TriReme med.	0	4/1/2016
CLEAR Outcomes	Esperion	12	4/1/2017
Confidence	Microvention Inc	29	3/1/2017
Confirm	Lutonix, Inc	0	4/1/2016
CREST 2	Mayo Clinic	3	12/1/2014
DAL-Gene	DALCORE pharm	6	6/1/2016
DETOUR II	PQ Bypass, Inc	0	3/1/2018
DISRUPT	Shockwave Med	4	9/1/2017
Eclipse	Cardiovascular Sys	1	11/1/2017
EVAS2	Endologix, Inc	0	4/1/2018
Odyssey	Sanofi US Svcs	9	12/1/2012
ORION 3	The Medicines Co	2	1/1/2017
Power Of Health	Pritikin	0	NA
ROADSTER 2	Silk Road Medical	6	4/1/2016
Transcend	Surmodics, Inc	0	1/1/2018
XL PAD	Univ. of TX SW MC	150	10/1/2017
	FOLLOW UP		
Absorb III	Abbott Cardiovasc	79	10/1/2011
Absorb IV	Abbott Cardiovasc	75	
Alucent	Alucent Medical	3	1/1/2015
Atlas	Atriacure, Inc	15	8/1/2016
BTK	Lutonix, Inc	7	7/1/2013
Define	Colcano Corp.	2	4/1/2017
Elevate	Endologix, Inc	18	2/1/2017
Excel	Abbott Cardiovasc	13	1/1/2012
Illuminate	Covidien LP	5	12/1/2013
Levant 2	Lutonix, Inc	39	8/1/2011
Levant CAR	Lutonix, Inc	22	6/1/2012
Liberty	Cardiovascular Syst	12	11/1/2014
MPP	St. Jude Med.	2	9/1/2016
PSR	Medtronic, Inc	127	5/1/2011
Quad Pas	St. Jude Med.	15	10/1/2012
Reinforce	BSCI	3	7/1/2015
Reliance	BSCI	12	3/1/2014
Scaffold	W.L. Gore and Assoc	27	12/1/2013
Surmodics	Surmodics, Inc	5	3/1/2016

CVA studies 2018 (R10)			
TOBA II	Intact Vascular, Inc	6	9/1/2015
Twilight	Icahn School of Med	47	12/1/2015
Vest	Regents of Univ of CA	72	3/1/2010
WRAP-IT	Medtronic, Inc	49	3/1/2016
Zilver	Cook Medical Inc	25	2/1/2014
CVA studies 2018	CLOSED		
Artisan			
Eximo			
Format			
IC-Hot			
ICY-AVNRT			
Inpact SFA			
Life			
Lucy			
Lutonix			
Manta			
Orion 1			
Parachute			
Viabahn			

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
414779-2	Purulent Pericarditis: A Case Report.	Abdel Nour, Souheil	None	Minimal Risk	Exempt	3/27/2019	S-DATA
449118-1	Mediastinal signet-ring cell adenocarcinoma of unknown primary site in a young male patient: clinical course and review of the literature	Abdel Nour, Souheil		Minimal Risk	Exempt	4/1/2019	S-DATA
1122087-1	AMPLATZER Post-Infarct Muscular VSD Occluder; HUD #07-0178; Wellmont Holston Valley Medical Center, 130 W. Ravine Road, Kingsport, TN 37660	Aziz, Mark	St. Jude Medical, LLC (Manufacturer)	More than Minimal Risk	Active - Open to Enrollment	11/13/2018	B
1204508-9	Population-Based Lifestyle Intervention: Translation of the Pritikin Program to the Community Pilot Study	Beckner, David		More than Minimal Risk	Active	3/12/2019	B
1215927-2	GE-265-303: A Phase 3, Open-Label, Multicentre Study of Flurpiridaz (18F) Injection for Positron Emission Tomography (PET) Imaging for Assessment of Myocardial Perfusion in Patients Referred for Invasive Coronary Angiography Because of Suspected Coronary Artery Disease	Blackwell, Gerald	GE Healthcare Ltd.	More than Minimal Risk	Active - Open to Enrollment	4/9/2019	B
1134542-1	Implementation of Naloxone Education, Training, and Distribution to High Risk Populations at a Community Teaching Hospital	Bledsoe, Matthew as of 7/10/2018		More than Minimal Risk	Active	12/11/2018	J
430331-1	Subclavian vein compression following a displaced fracture of the clavicle: a case report	Boren, Kyle	Dan Krenk DO, Greg Purnell MD	Minimal Risk	Exempt	4/17/2019	V-DATA
531593-1	Acute Hallucinations: Where Did That Come From? A Unique Case of Acute Onset Hallucinations	Boschee, Tracy		Minimal Risk	Exempt	12/5/2019	Y- DATA
426122-1	Concurrent Vancomycin and Zosyn use and their Association with Acute Renal Failure: A Retrospective Review	Bundren, Kealey		Minimal Risk	Exempt	2/14/2019	U-DATA
442673-1	Case Report: Norcardia infected Baker's cyst	Butler, Leroy		Minimal Risk	Active - Data Analysis Only	5/9/2019	W- DATA

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
460986-1	Cost-Effectiveness of polyethylene exchange versus Revision Total Knee Arthroplasty for instability following failed Total Knee Replacement	Butler, Leroy		Minimal Risk	Active - Data Analysis Only	5/9/2019	W-DATA
1123047-1	Organizational Culture Changes Following Seminal Events	Chesley, Colin		Minimal Risk	Active	9/17/2018	GG-DATA
1149706-1	Diagnostic QC and Pre-Clinical Sample Collection Project	Cooze, Derek	Healthstar Physicians	More than Minimal Risk	Active	12/11/2018	I
964111-13	WO39210 A PHASE III, MULTICENTER, RANDOMIZED, PLACEBO-CONTROLLED, DOUBLE-BLIND STUDY OF ATEZOLIZUMAB (ANTI-PD-L1 ANTIBODY) AS ADJUVANT THERAPY IN PATIENTS WITH RENAL CELL CARCINOMA AT HIGH RISK OF DEVELOPING METASTASIS FOLLOWING NEPHRECTOMY	DaSilva, Marco	F. Hoffmann-La Roche Ltd	More than Minimal Risk	Active - Open to Enrollment	9/18/2018	A
1128245-1	Evaluating the Effects of Aromatherapy on Neonates with Neonatal Abstinence Syndrome	Fredo, Melody		Minimal Risk	Active	11/2/2018	II--DATA
921641-15	ATLAS Study: AtriClip Left Atrial Appendage Exclusion Concomitant to Structural Heart Procedures	Gall, Jr., Stanley	AtriCure, Inc.	More than Minimal Risk	Active - Closed to Enrollment	5/7/2019	B
619195-2	MAZE - Results of concomitant MAZE procedure for atrial fibrillation (Retrospective Data Collection)	Gall, Stanley	N/A	Minimal Risk	Active	9/7/2020	B
619219-3	Results of aortic root replacement in a community hospital (Retrospective Data Collection)	Gall, Stanley	N/A	Minimal Risk	Active	9/4/2020	B
372306-1	Use of Prophylactic Closed Suction Drainage in Vaginal Hysterectomy	Harris, Wesley J		Minimal Risk	Exempt	8/28/2018	N-DATA
531725-1	Primary deep vein thrombosis of the upper extremity in a 21 year old male – A Case Report of Paget-Schroetter syndrome	Hunley, Lawson		Minimal Risk	Exempt	12/5/2019	Z-DATA

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
919608-3	Single Surgeon Second Operative Suite-Impact On Operating Room Efficiency and Cost Analysis	Hurst, Joseph	Daniel Krenk, DO	Minimal Risk	Active	11/1/2018	BB-DATA
393455-1	Emergency Department Use of Tigecycline for the Management of Skin and Soft Tissue Infections	Hylton, Ann		Minimal Risk	Exempt	5/14/2019	R-DATA
1104149-1	Therapy Gcodes, Evaluation Complexity & Discharge Disposition	Johnson, Alicia		Minimal Risk	Active	8/21/2018	FF--DATA
1123489-1	Denervation of the thumb carpometacarpal joint	Knight, Michael	Jeffrey Marchessault, MD	Minimal Risk	Active	10/23/2018	I
1203215-3	TESARO 3000-02-004 A PHASE 2, SINGLE-ARM, OPEN-LABEL STUDY TO EVALUATE THE SAFETY AND EFFICACY OF NIRAPARIB COMBINED WITH BEVACIZUMAB AS MAINTENANCE TREATMENT IN PATIENTS WITH ADVANCED OVARIAN CANCER, FALLOPIAN TUBE CANCER, OR PRIMARY PERITONEAL CANCER FOLLOWING FRONT-LINE PLATINUM-BASED CHEMOTHERAPY WITH BEVACIZUMAB	Kramer, Paul	TESARO	More than Minimal Risk	Active	3/12/2019	A
950820-4	MPP PMS - MultiPoint Pacing Post Market Study	Kyker, Keith	St. Jude Medical	More than Minimal Risk	Active - Closed to Enrollment	8/7/2018	B
786605-1	The National Neurosurgery Quality and Outcomes Database	Ladley, Herbert		Minimal Risk	Active	7/26/2021	B
823643-3	Effect of Acute Care Surgical Program Implementation in a Rural Level One Trauma Center	Lasky, Tiffany		Minimal Risk	Active	11/2/2018	H
1128244-1	Evaluation of a Vancomycin Nomogram in an Obese Patient Population	Lee, Jordan		Minimal Risk	Active	11/2/2018	HH-DATA
1253305-2	Incidence and Risk Factors for Acute Kidney Injury Following Total Hip or Knee Arthroplasty	Long, Michael		Minimal Risk	Active	6/5/2019	LL-DATA

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
481536-20	Cardiovascular health management: Assessments of effects of Coronary Artery Calcium Screening	Mamudu, Hadii		Minimal Risk	Active - Open to Enrollment	12/11/2018	E
1230985-2	Cardiovascular health management: studies in atherosclerosis	Mamudu, Hadii		Minimal Risk	Active	4/24/2024	E-DATA
1175284-1	Outcomes Following Thumb MCP Joint Arthrodesis with LRTI	Marchessault, Jeffrey		More than Minimal Risk	Active	5/7/2019	I
1041021-8	DEFINE PCI: Physiologic Assessment Of Coronary Stenosis Following PCI	Mayhew, Marc	Philips Volcano	More than Minimal Risk	Active	3/12/2019	B
1251125-1	Protocol Title: Environmental Health Disparities in Rural Appalachia: The impact of air pollution, obesity and diet on COPD morbidity (ETSU) Application No.: IRB00071209 Sponsor: National Institute of Health	McCormack, Meredith	NIH	Minimal Risk	Active	4/2/2019	M -- Referral site only
385891-1	A Study of the Relationship Between APACHE II Scores and the Need for a Tracheostomy	McHenry, Kristen		Minimal Risk	Exempt	11/15/2018	P-DATA
703550-21	A Prospective, Non-Randomized, Parallel Cohort, Multi-center Study of UPHOLD LITE vs. Native Tissue for Treatment of Women with Anterior/Apical Pelvic Organ Prolapse.	McQueary, Jeffrey	Boston Scientific Corporation	More than Minimal Risk	Active - Open to Enrollment	11/13/2018	F
937769-3	A Pilot Investigation of Male and Female Breast and Ovarian De-Identified Cancer Data to Evaluate and Enhance the CDC's Know:BRCA Clinical Decision Support Tool	Mears, Holly	ORAU	Minimal Risk	Active	11/7/2018	A
137994-138	VEST/PREDICTS: The Vest prevention of Early Sudden Death Trial Prediction of ICD Therapies Study	Merrill, James	NIH	More than Minimal Risk	Active - Closed to Enrollment	11/13/2018	B

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
351976-80	Quad PAS: Quadripolar Pacing Post Approval Study	Merrill, James	St. Jude Medical Cardiac Rhythm Management Division	More than Minimal Risk	Active - Closed to Enrollment	2/12/2019	A
835939-93	WRAP-IT: World-wide Randomized Antibiotic Envelope Infection Prevention Trial	Merrill, James	Medtronic, Inc.	More than Minimal Risk	Active - Closed to Enrollment	10/9/2018	B
136635-21	GraftMaster RX; HDE #000001; Wellmont Holston Valley Medical Center, 130 W. Ravine Road, Kingsport, TN 37660	Metzger, Chris	Abbott	More than Minimal Risk	Active	11/13/2018	B
319346-14	Graftmaster RX; HDE #000001; Wellmont Bristol Regional Medical Center, One Medical Park Boulevard, Bristol TN 37620	Metzger, Chris		More than Minimal Risk	Active - Open to Enrollment	3/12/2019	C
463937-99	BTK Trial: A Prospective, Multicenter, Single Blind, Randomized, Controlled Trial Comparing the Lutonix Drug Coated Balloon vs. Standard Balloon Angioplasty for Treatment of Below-the-Knee (BTK) Arteries. IDE: G130007	Metzger, Chris	Lutonix Inc., C.R. Bard, Inc.	More than Minimal Risk	Active - Open to Enrollment	2/12/2019	B
465849-192	SCAFFOLD Clinical Study: The GORE Carotid Stent Clinical Study for the Treatment of Carotid Artery Stenosis in Patients at Increased Risk for Adverse Events from Carotid Endarterectomy. IDE #: G110127	Metzger, Christopher	W.L. Gore & Associates, Inc.	More than Minimal Risk	Active - Closed to Enrollment	1/8/2019	B
220884-78	EXCEL Clinical Trial: Evaluation of Xience PRIME or Xience V versus Coronary Artery Bypass Surgery for Effectiveness of Left Main Revascularization; Protocol 10-389	Metzger, D. Christopher	Abbott Vascular	More than Minimal Risk	Active	1/8/2019	B

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
258203-426	LEVANT 2: A prospective, multicenter, single blind, randomized, controlled trial comparing the Moxy Drug Coated Balloon vs. Standard Balloon Angioplasty for treatment of femoropopliteal arteries. IDE# G100255	Metzger, D. Christopher	Lutonix	More than Minimal Risk	Active - Closed to Enrollment	1/8/2019	B
333661-118	IN.PACT SFA II: Randomized trial of IN.PACT (Paclitaxel) Admiral Drug-Eluting Balloon (DEB) vs Standard PTA for the Treatment of Atherosclerotic Lesions in the Superficial Femoral Artery (SFA) and/or Proximal Popliteal Artery (PPA) IDE: G110200	Metzger, D. Christopher	Medtronic Vascular, Inc.	More than Minimal Risk	Active - Closed to Enrollment	11/13/2018	B
351090-140	ARTISAN: iCAST RX De Novo Stent Placement for the Treatment of Atherosclerotic Renal Artery Stenosis in Patients with Resistant Hypertension; Protocol #: iCAST RX-ARAS-001; IDE G110194/A001	Metzger, D. Christopher		More than Minimal Risk	Active - Closed to Enrollment	1/8/2019	B
424638-270	Absorb III-IV-GT1 Randomized Controlled Trial	Metzger, D. Christopher	Abbott Cardiovascular	More than Minimal Risk	Active - Closed to Enrollment	10/9/2018	B
543206-56	ILLUMENATE Pivotal Post-Approval Study: Prospective, Randomized, Single-Blind, U.S. Multi-Center Study to Evaluate Treatment of Obstructive Superficial Femoral Artery or Popliteal Lesions With A Novel Paclitaxel-Coated Percutaneous Angioplasty Balloon	Metzger, D. Christopher	CV Ingenuity Corporation	More than Minimal Risk	Active - Closed to Enrollment	8/7/2018	B
552980-156	Zilver PTX V	Metzger, D. Christopher	Cook Incorporated	More than Minimal Risk	Active - Closed to Enrollment	9/18/2018	B
648374-81	BES 10-07: Evaluation of the GORE® VIABAHN BALLOON EXPANDABLE ENDOPROSTHESIS (VIABAHN BX) for the Treatment of Occlusive Disease in the Common and External Iliac	Metzger, D. Christopher	W.L. Gore & Associates, Inc.	More than Minimal Risk	Active - Open to Enrollment	5/7/2019	B

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
	Arteries						
674278-71	LIBERTY 360: Prospective, Observational, Multi-Center Clinical Study to Evaluate Acute and Long Term Clinical and Economic Outcomes of Endovascular Device Intervention in Patients with Distal Outflow Peripheral Arterial Disease (PAD)	Metzger, D. Christopher	Cardiovascular Systems, Inc. (CSI)	More than Minimal Risk	Active - Open to Enrollment	8/7/2018	B
706613-32	CREST 2: Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial; IDE #G130221	Metzger, D. Christopher	The National Institute of Neurological Disorders and Stroke (NINDS)	More than Minimal Risk	Active - Open to Enrollment	11/13/2018	B
554424-27	REINFORCE: Renal Denervation Using the Vessix Reduce Catheter and Vessix Generator for the Treatment of Hypertension. IDE G130240	Metzger, D. Christopher	Boston Scientific	More than Minimal Risk	Active	2/12/2019	B
751890-13	DANCE: Delivery of Dexamethasone to the Adventitia to eNhanCe Clinical Efficacy after Femoropopliteal Revascularization	Metzger, D. Christopher	Mercator MedSystems, Inc.	More than Minimal Risk	Active - Closed to Enrollment	3/12/2019	B
806111-58	TWILIGHT Study: Ticagrelor with Aspirin or Alone in High-Risk Patients after Coronary Intervention	Metzger, D. Christopher	AstraZeneca	More than Minimal Risk	Active - Closed to Enrollment	8/7/2018	B
810127-45	TOBA II: Tack Optimized Balloon Angioplasty Study for the Superficial Femoral and Proximal Popliteal Arteries Using the Tack Endovascular System™	Metzger, D. Christopher	Intact Vascular, Inc.	More than Minimal Risk	Active - Closed to Enrollment	8/7/2018	B
811400-34	LUCY Study: TriVascular Evaluation of Females who are Underrepresented Candidates for Abdominal Aortic Aneurysm Repair; Protocol 771-0016	Metzger, D. Christopher	TriVascular, Inc.	More than Minimal Risk	Active - Open to Enrollment	8/7/2018	B

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
754630-4	Live Case Consents for: - Complex Cardiovascular Catheter Therapeutics (C3) - New Cardiovascular Horizons (NCH) - Leipzig Interventional Course (LINC)	Metzger, D. Christopher	N/A	More than Minimal Risk	Active	9/18/2018	B
868512-17	SurModics Early Feasibility Trial: A Prospective, Multi-Center, Single-Arm Trial to Assess the Safety and Feasibility of the SurModics Drug Coated Balloon in the Treatment of Subjects with De Novo Lesions of the Femoropopliteal Artery; IDE G150121	Metzger, D. Christopher	SurModics, Inc.	More than Minimal Risk	Active - Open to Enrollment	1/8/2019	B
871390-49	CONFIDENCE TRIAL: Carotid Stent Trial to Evaluate the Safety and Efficacy of the Roadsaver Stent Used in Conjunction with the Nanoparasol Embolic Protection System for Patients at Increased Risk for Adverse Events from Carotid Endarterectomy; IDE G140249	Metzger, D. Christopher	MicroVention, Inc., TERUMO Corporation	More than Minimal Risk	Active	1/8/2019	B
885338-27	IC-HOT STUDY: SS02 Therapy G120029/S008	Metzger, D. Christopher	TherOx, Inc.	More than Minimal Risk	Active - Closed to Enrollment	2/12/2019	B
888290-8	CONFIRM (LEVANT PAS #2): A Prospective, Multicenter, Single Arm, Post-Approval Study of the Lutonix Drug Coated Balloon for Treatment of Femoropopliteal Arteries in United States Females	Metzger, D. Christopher	Lutonix, Inc.	More than Minimal Risk	Active - Open to Enrollment	3/12/2019	B
900799-12	The ROADSTER 2 Registry	Metzger, D. Christopher	Silk Road Medical, Inc.	More than Minimal Risk	Active - Open to Enrollment	3/12/2019	B
978292-4	Chocolate Touch Study: A Randomized Trial to confirm the Safety and Effectiveness of Chocolate Touch™ Paclitaxel Coated PTA Balloon Catheter, in Above the Knee Lesions; IDE G160085	Metzger, D. Christopher	TriReme Medical, LLC	More than Minimal Risk	Active - Open to Enrollment	10/9/2018	B

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
999965-22	ELEVATE IDE Study: Expanding Patient Applicability with PoLymer SEaling OVATion Alto StEnt Graft IDE Study	Metzger, D. Christopher	TriVascular, Inc.	More than Minimal Risk	Active - Closed to Enrollment	12/11/2018	B
1047656-9	Alucent: Natural Vascular Scaffold (NVS) Therapy for the Treatment of Atherosclerotic Lesions in the Superficial Femoral Artery (SFA) and/or Proximal Popliteal Artery (PPA); IND 122324	Metzger, D. Christopher	Alucent Medical, Inc.	More than Minimal Risk	Active - Closed to Enrollment	3/12/2019	B
1101277-13	EXIMO: Safety And Effectiveness Evaluation Of EXIMO Medical's B-Laser™, A Hybrid Atherectomy Device, In Subjects Affected With PAD	Metzger, D. Christopher	Eximo Medical	More than Minimal Risk	Active - Closed to Enrollment	8/7/2018	B
1101637-5	ECLIPSE: Evaluation of Treatment Strategies for Severe Calcific Coronary Arteries: Orbital Atherectomy vs. Conventional Angioplasty Technique Prior to Implantation of Drug-Eluting Stents	Metzger, D. Christopher	Cardiovascular Systems, Inc.	More than Minimal Risk	Active	8/7/2018	B
1104672-10	Disrupt PAD III - Randomized study of the Shockwave Medical Peripheral Lithoplasty® System used in combination with DCB versus standard balloon angioplasty used in combination with DCB to treat moderate and severely calcified femoropopliteal arteries.	Metzger, D. Christopher	Shockwave Medical, Inc.	More than Minimal Risk	Active - Open to Enrollment	7/9/2019	B
1133542-1	XL PAD Registry: Multicenter Registry for Peripheral Arterial Disease Interventions and Outcomes	Metzger, D. Christopher	UT Southwestern Medical Center and VA North Texas Health Care System	More than Minimal Risk	Active	11/13/2018	B

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
1143017-5	TRANSCEND Study: The Randomized and Controlled Noninferiority Trial to Evaluate Safety and Clinical Efficacy of the Surveil Drug-Coated Balloon In the Treatment of Subjects with Stenotic Lesions of the Femoropopliteal Artery Compared to the Medtronic IN.PACT Admiral Drug-Coated Balloon.	Metzger, D. Christopher	Surmodics, Inc.	More than Minimal Risk	Active	11/13/2018	B
1167890-2	EVAS II Confirmatory Study: Prospective, Multicenter, Single Arm Safety and Effectiveness Confirmatory Study of Endovascular Abdominal Aortic Aneurysm Repair using the Nellix® System	Metzger, D. Christopher	Endologix, Inc.	More than Minimal Risk	Active	1/8/2019	B
1125749-1	Detour II	Metzger, D. Christopher	PQ Bypass, Inc.	More than Minimal Risk	Active	2/12/2019	B
400718-1	ONC Measure Testing: Reliability and Validity Testing	Mitoraj, Thomas E.		Minimal Risk	Exempt	12/5/2018	Q-DATA
1021371-10	A Randomized, Double-Blind, Placebo-Controlled and Delayed-Start Study of LY3314814 in Mild Alzheimer's Disease Dementia (THE DAYBREAK STUDY)	Morin, David	Eli Lilly and Company	More than Minimal Risk	Active	3/16/2019	K
781430-25	GO29527 A Phase III, Open Label, Randomized Study to Investigate the efficacy and Safety of Atezolizumab (ANTI-PD-L1 Antibody) compared with best supportive care following adjuvant cisplatin-based chemotherapy in Patients with completely resected Stage Ib-IIIa Non Small Cell Lung Cancer	Nakhoul, Ibrahim	F. Hoffman-LaRoche Ltd	More than Minimal Risk	Active	5/7/2019	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
947263-20	UTX-TGR-205 A Phase 2b Randomized Study to Assess the Efficacy and Safety of the Combination of Ublituximab + TGR-1202 and TGR-1202 alone in Patients with Previously Treated Diffuse Large B-Cell Lymphoma	Nakhoul, Ibrahim	TG Therapeutics	More than Minimal Risk	Active - Open to Enrollment	8/7/2018	A
1058429-5	A5481082 POLARIS: Palbociclib in Hormone Receptor Positive Advanced Breast Cancer: A Prospective Multicenter Non-Interventional Study	Nakhoul, Ibrahim	Pfizer	More than Minimal Risk	Active - Open to Enrollment	4/9/2019	A
1074257-3	Evaluation of Current Methods for Pressure Point Padding in the Operating Room Setting	Nounou, Joseph		More than Minimal Risk	Active	6/11/2019	J
991340-2	Evaluation of Penicillin Allergy Documentation on Antibiotic Selection	Perrin, Hunter		Minimal Risk	Active	11/13/2018	DD-DATA
716782-4	Medevac Transport of the STEMI Patient	Perry, Anita		Minimal Risk	Active	12/20/2018	G
1214054-2	iNICQ 2018 VON Day Quality Audit: Choosing Antibiotics Wisely	Powers, Pius		Minimal Risk	Active	4/11/2019	H
963310-2	Gallbladder Cancer in Rural Appalachia: Incidence, Prevalence and Stage at Diagnosis	Ramos, Trevy	Dr. Tiffany Lasky	Minimal Risk	Active	9/17/2018	CC-DATA
434472-7	Knowledge and perception of Head and neck cancer risk	Reynolds, Justin	Atlanta Head and Neck Cancer Coalition	Minimal Risk	Active - Open to Enrollment	12/11/2018	A
531178-1	Late Onset and Refractory Schizophrenia in the Primary Care Setting: A Case Review	Robbins, Thomas		Minimal Risk	Exempt	12/5/2019	X-DATA
435924-264	Product Surveillance Registry (PSR)	Shafiei, Fereidoon	Medtronic	More than Minimal Risk	Active	10/9/2018	B
553264-65	LSS of 4-SITE Study: The Longitudinal Surveillance Study of the 4-SITE Lead/Header System	Shafiei, Fereidoon	Boston Scientific, CRM	More than Minimal Risk	Active - Closed to Enrollment	9/18/2018	B
1213351-1	AAD Loading Retrospective and AAD Loading Prospective-Afib Sub-study	Shafiei, Fereidoon	Investigator Initiated	More than Minimal Risk	Active	4/9/2019	B

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IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
268376-11	Physicians Plasma Alliance Pre Clinical Drug Development and Callibration/Control and Chemistry Analyzers Study/ VMR #0602	Shao, Ryan	Physicians Plasma Alliance	Minimal Risk	Active - Open to Enrollment	4/9/2019	A
280577-56	BIG 4-11/BO25126/TOC4939G- A randomized multicenter, double-blind, placebo-controlled comparison of chemotherapy plus trastuzumab plus placebo versus chemotherapy plus trastuzumab plus pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer	Shao, Ryan	Roche/Genentech	More than Minimal Risk	Active - Closed to Enrollment	4/9/2019	A
549174-69	BO28407- A Randomized, Multicenter, Open-label, Phase III Trial Comparing Trastuzumab Plus Pertuzumab Plus A Taxane Following Anthracyclines Versus Trastuzumab Emtansine Plus Pertuzumab Following Anthracyclines as Adjuvant Therapy in Patients With Operable HER2-Positive Primary Breast Cancer	Shao, Ryan	F. Hoffman-La Roche Ltd	More than Minimal Risk	Active	9/18/2018	A
653895-14	REVEAL/ INCB-MA-PV-401: Prospective Non-Interventional Study of Disease Progression and Treatment of Patients With Polycythemia Vera In United States Academic Or Community Clinical Practices	Shao, Ryan	Incyte Corporation	More than Minimal Risk	Active - Open to Enrollment	6/11/2019	B
830509-36	W029522 A Phase III, Multicenter Randomized Placebo Controlled Study of MPDL3280A in combination with NAB-Paclitaxel for patients with Previously Untreated metastatic Triple Negative Breast Cancer	Shao, Ryan	F. Hoffmann-La Roche Ltd	More than Minimal Risk	Active	10/9/2018	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
979951-7	INCB-MA-MF-401: Prospective, Longitudinal, Non-Interventional Study of Disease Burden and Treatment of Patients with Low-Risk Myelofibrosis (MF) or High-Risk Essential Thrombocythemia (ET) or ET Patients Receiving ET-Directed Therapy	Shao, Ryan	Incyte	More than Minimal Risk	Active	11/13/2018	A
1137057-4	NCI CIRB A031501 PHASE III RANDOMIZED ADJUVANT STUDY OF MK-3475 (PEMBROLIZUMAB) IN MUSCLE INVASIVE AND LOCALLY ADVANCED UROTHELIAL CARCINOMA (AMBASSADOR) VERSUS OBSERVATION	Shipstone, Asheesh	Alliance	More than Minimal Risk	Active	8/16/2018	A
1228480-4	NCI CIRB EA8153 Cabazitaxel with Abiraterone versus Abiraterone alone Randomized Trial for Extensive Disease following Docetaxel: the CHARTED2 Trial	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	6/6/2019	A
146847-16	E5204 Intergroup Randomized Phase III Study of Postoperative Oxaliplatin, 5FU, and Leucovorin vs. Oxaliplatin, 5FU, Leucovorin and Bevacizumab for patients with Stage II or III Rectal cancer Receiving Preoperative Chemoradiation	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	1/24/2019	A
147865-14	RTOG 0424 Phase II Study of Temozolomide based chemoradiotherapy regimen for Hi Risk Low Grade Gliomas	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Long-Term Follow-Up Only	1/24/2019	A
149715-11	N9831 Phase III Trial of Doxorubicin and Cyclophosphamide (AC) Followed by Weekly Paclitaxel with or without Trastuzumab as Adjuvant Treatment for women with HER-2 Overexpressing Node Positive Breast Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Long-Term Follow-Up Only	1/24/2019	A

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IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
160556-38	NCI CIRB RTOG 0920 A Phase III Study of Postoperative Radiation Therapy (IMRT) +/- Cetuximab for locally advanced Resected Head and Neck Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	4/18/2019	A
173450-37	NCI CIRB CALGB 80802 Phase III Randomized Study of Sorafenib Plus Doxorubicin versus Sorafenib in Patients with Advanced Hepatocellular Carcinoma	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	9/6/2018	A
177838-26	NSABP B40 A Randomized Phase III Trial of Neoadjuvant Therapy in Patients with Palpable and Operable Breast Cancer Evaluating the Effect on Pathologic Complete Response of adding capecitabine or gemcitabine to Docetaxel when Administered Before AC with or without Bevacizumab and Correlative Science Studies Attempting to Identify Predictors of High Likelihood for pCR with Each of the Regimens.	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	7/8/2019	A
182686-43	NCI CIRB CALGB 80702 A Phase III Trial of 6 versus 12 treatments of adjuvant FOLFOX plus Celecoxib or placebo for patients with resected stage III colon cancer	Shipstone, Asheesh	NCI, CALGB	More than Minimal Risk	Active - Open to Enrollment	4/4/2019	A
138941-37	NCI CIRB CALGB 30610: Phase III Comparison of Thoracic Radiotherapy Regimens in Patients with Limited Stage Small Cell Lung cancer also Receiving Cisplatin and Etoposide	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	11/1/2018	A
138974-13	CALGB 79803: A Phase III Chemoprevention Trial of Selenium Supplementation in Person's with Resected Stage I Non Small Cell Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Long-Term Follow-Up Only	1/24/2019	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
138989-33	NCI CIRB CALGB 90203: A Randomized Phase III Study of Neoadjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy vs. Immediate Radical Prostatectomy in Patients with High Risk Clinically Localized Prostate Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	2/12/2019	A
139032-11	CALGB 9497: Health Status and Quality of Life in Patients with Early Stage Hodgkin's Disease(A Companion Study to CALGB 9391)	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Long-Term Follow-Up Only	1/24/2019	A
139114-26	ECOG E2805 ASSURE: Adjuvant Sorafenib or Sunitinib for Unfavorable Renal Carcinoma	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	7/8/2019	A
139120-20	ECOG E5202: A Phase III Study of 5-FU, Leucovorin and Oxalplatin vs. 5-fu, Leucovorin, Oxaliplatin and Bevacizumab in patients with Stage II Colon Cancer at High Risk for Recurrence	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Long-Term Follow-Up Only	7/8/2019	A
139125-24	PACCT-1: Program for the Assessment of Clinical Cancer Test Trial Assigning Individualized Options for Treatment- The TAILORX Trial	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Long-Term Follow-Up Only	6/11/2019	A
139243-25	NCI CIRB RTOG 0534: A Phase III Trial of Short-Term Androgen Deprivation with Pelvic Node or Positive bed Only Radiotherapy (SPORT) in Prostate Cancer patients with A Rising PSA after Radical Prostatectomy	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	2/14/2019	A
139250-31	RTOG 0617: A Randomized Phase III Comparison of Standard Dose (60 Gy) vs. High Dose (74 Gy) Conformal Radiotherapy with Concurrent and Consolidation Carboplatin/Paclitaxel with Stage IIIA/IIIB Non Small Cell Lung Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	1/24/2019	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
204172-22	RTOG 1008 A Randomized Phase II Study of Adjuvant Concurrent Radiation and Chemotherapy Versus Radiation Alone in Resected High Risk Malignant Salivary Gland Tumors	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	2/12/2019	A
221385-37	NCI CIRB S1007 A Phase III, Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy +/- Chemotherapy in patients with 1-3 positive nodes, hormone receptor positive and HER2 Negative Breast Cancer with Recurrence Score of 25 or less	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	4/18/2019	A
221389-26	NSABP B47 A Randomized Phase III Trial of Adjuvant Therapy comparing Chemotherapy Alone (6 cycles of Docetaxel plus Cyclophosphamide or Four Cycles of Doxorubicin Plus Cyclophosphamide followed by weekly Paclitaxel) to Chemotherapy Plus Trastuzumab in Women with Node Positive or High Risk Node Negative HER2 Low Invasive Breast Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	4/9/2019	A
256958-28	NCI CIRB SWOG S0931 EVEREST: EVerolimus for Renal Cancer Ensuing Surgical Therapy, A Phase III Study	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	8/16/2018	A
256995-40	NCI CIRB E1609 A Phase III Randomized Study of Adjuvant Ipilimumab Anti-CTLA4 Therapy Versus High Dose Interferon a-2b for Resected High Risk Melanoma	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	5/4/2019	A
257057-27	NCI CIRB RTOG 0924 Androgen Deprivation therapy and High Dose Radiotherapy with or without Whole Pelvic Radiotherapy in Unfavorable intermediate or favorable high-risk prostate cancer: A Phase III Randomized Trial	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	12/6/2018	A

R10 Current Roster of WHS Studies

IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
332266-12	NSABP B-49 A Phase III Clinical Trial Comparing the Combination of Docetaxel Plus Cyclophosphamide to Anthracycline-Base Chemotherapy Regimens for Women with Node Positive or High-Risk Node Negative, HER2 Negative Breast Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	7/8/2019	A
393968-24	NCI CIRB E2810 Randomized, Double Blind Phase III study of Pazopaninb vs Placebo in patients with Metastatic Renal cell carcinoma who have no evidence of disease following mastectomy	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	1/3/2019	A
496587-16	A221101 A Phase III Randomized, Double Blind Placebo Controlled Study of Armodafinil to Reduce Cancer related Fatigue in Patients with Glioblastoma Multiforme	Shipstone, Asheesh	NCI-Alliance	More than Minimal Risk	Active - Open to Enrollment	4/9/2019	A
496613-12	NSABP MPR-1 NSABP Patient Registry and Biospecimen Repository	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	2/12/2019	A
610288-26	NCI CIRB E2112- A Randomized Phase III Trial of Endocrine Therapy plus Entinostat/Placebo in Postmenopausal Patients with Hormone Receptor-Positive Advanced Breast Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	12/20/2018	A
642540-12	E7208 A Randomized Phase II Study of Irinotecan and Cetuximab with or without the Anti-Angiogenic Antibody, Ramucirumab (IMC-1121B), in Advanced, K-ras Wild-type Colorectal Cancer Following Progression on Bevacizumab-Containing Chemotherapy	Shipstone, Asheesh		More than Minimal Risk	Active - Open to Enrollment	4/9/2019	A

R10 Current Roster of WHS Studies

IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
658535-22	NCI CIRB A081105 RANDOMIZED DOUBLE BLIND PLACEBO CONTROLLED STUDY OF ERLOTINIB OR PLACEBO IN PATIENTS WITH COMPLETELY RESECTED EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) MUTANT NON-SMALL CELL LUNG CANCER (NSCLC)	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	8/16/2018	A
659114-17	NCI CIRB A151216 Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST)	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	7/19/2018	A
659165-26	NCI CIRB E4512 A Randomized Phase III Trial for Surgically Resected Early Stage Non-Small Cell Lung Cancer: Crizotinib versus Observation for Patients with Tumors Harboring the Anaplastic Lymphoma Kinase (ALK) Fusion Protein.	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	1/3/2019	A
659258-20	NCI CIRB S1320 A Randomized, Phase II Trial of Intermittent Versus Continuous Dosing of Dabrafenib (NSC-763760) and Trametinib (NSC- 763093) in BRAFV600E/K Mutant Melanoma. Study Chairs: Drs. A. Algazi, A. Daud, and R.Lo	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Open to Enrollment	8/14/2018	A
813841-4	SERATRIALS 15002 Prospective Collection of Samples for Research	Shipstone, Asheesh	SERATRIALS	More than Minimal Risk	Active	8/7/2018	A
834386-3	Prospective Collection of Biospecimens for Research	Shipstone, Asheesh	C&M LabPro, LLC	More than Minimal Risk	Active	10/9/2018	A
837110-4	Multi-site collection of human bio fluids to be used in the development and or testing of new and existing in vitro diagnostic assays or evaluation of therapeutics.	Shipstone, Asheesh	Medical Research Network LLC	More than Minimal Risk	Active - Open to Enrollment	10/9/2018	A
759119-10	NCI CIRB 9671 Exceptional Responder Initiative	Shipstone, Asheesh	NCI	More than Minimal	Active	9/18/2018	A

R10 Current Roster of WHS Studies

IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
				Risk			
775004-9	NCI CIRB NRG BR003 A Randomized Phase III Trial of Adjuvant Therapy Comparing Doxorubicin Plus Cyclophosphamide followed by weekly Paclitaxel with or without Carboplatin for Node Positive or High-Risk Node Negative	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	11/1/2018	A
802083-24	NCI CIRB EA6134 A Randomized Phase III trial of Dabrafenib + Trametinib followed by Ipilimumab + Nivolumab at Progression vs. Ipilimumab + Nivolumab followed by Dabrafenib + Trametinib at Progression in Patients With Advanced BRAFV600 Mutant Melanoma	Shipstone, Asheesh	NCI, ECOG-ACRIN	More than Minimal Risk	Active - Open to Enrollment	9/20/2018	A
830620-14	NCI CIRB S1505 A Randomized Phase II Study of Perioperative mFOLFIRINOX versus Gemcitabine/nab-Paclitaxel as Therapy for Resectable Pancreatic Adenocarcinoma	Shipstone, Asheesh	NCI CIRB/SWOG	More than Minimal Risk	Active	4/4/2019	A
879277-11	NCI CIRB DCP-001, Use of a Clinical Trial Screening Tool to Address Cancer Health Disparities in the NCI Community Oncology Research Program (NCORP)	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	5/21/2019	A
909180-11	NCI CIRB EA5142 Adjuvant Nivolumab in Resected Lung Cancers (ANVIL) – A Randomized Phase III Study of Nivolumab After Surgical Resection and Adjuvant Chemotherapy in Non-Small Cell Lung Cancers	Shipstone, Asheesh	ECOG-ACRIN	More than Minimal Risk	Active - Open to Enrollment	8/16/2018	A
973587-9	A011401 RANDOMIZED PHASE III TRIAL EVALUATING THE ROLE OF WEIGHT LOSS IN ADJUVANT TREATMENT OF OVERWEIGHT AND OBESE WOMEN WITH EARLY BREAST CANCER	Shipstone, Asheesh	Alliance	More than Minimal Risk	Active	8/16/2018	A

R10 Current Roster of WHS Studies

IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
997456-9	NCI CIRB NRG-GY005 A Randomized Phase II/III Study of the Combination of Cediranib and Olaparib Compared to Cediranib or Olaparib Alone, or Standard of Care Chemotherapy in Women with Recurrent Platinum-Resistant or Refractory Ovarian, Fallopian Tube, or Primary Peritoneal Cancer (COCOS)	Shipstone, Asheesh	NCI-NRG	More than Minimal Risk	Active	7/19/2018	A
1000691-10	NCI CIRB A011502 A RANDOMIZED PHASE III DOUBLE BLINDED PLACEBO CONTROLLED TRIAL OF ASPIRIN AS ADJUVANT THERAPY FOR NODE POSTIVE HER2 NEGATIVE BREAST CANCER: THE ABC TRIAL	Shipstone, Asheesh	ALLIANCE	More than Minimal Risk	Active	2/28/2019	A
875135-21	ONT-380-206 Phase 2 Randomized, Double-Blinded, Controlled Study of Tucatinib vs. Placebo in Combination with Capecitabine and Trastuzumab in Patients with Pretreated Unresectable Locally Advanced or Metastatic HER2+ Breast Carcinoma (HER2CLIMB)	Shipstone, Asheesh	Cascadian Therapeutics	More than Minimal Risk	Active - Open to Enrollment	4/9/2019	A
1102986-5	NCI CIRB S1605 "Phase II Trial of Atezolizumab in BCG-Unresponsive Non-Muscle Invasive Bladder Cancer." Study Chairs: Drs. P. Black, P. Singh, and S. Lerner.	Shipstone, Asheesh	NCI	More than Minimal Risk	Active	11/15/2018	A
1140004-5	NCI CIRB A021502 RANDOMIZED TRIAL OF STANDARD CHEMOTHERAPY ALONE OR COMBINED WITH ATEZOLIZUMAB AS ADJUVANT THERAPY FOR PATIENTS WITH STAGE III COLON CANCER AND DEFICIENT DNA MISMATCH REPAIR (ATOMIC: Adjuvant Trial of Deficient Mismatch Repair in Colon Cancer)	Shipstone, Asheesh	Alliance	More than Minimal Risk	Active	1/3/2019	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
1104913-2	A Pilot Investigation of Comprehensive Fatigue Management Model in a community cancer center setting for breast cancer survivors who suffer moderate-severe fatigue during surveillance period.	Shipstone, Asheesh	N/A	More than Minimal Risk	Active - Open to Enrollment	9/18/2018	A
1131837-4	NSABP B58 MonarchE: A Randomized, Open-Label, Phase 3 Study of Abemaciclib Combined with Standard Adjuvant Endocrine Therapy versus Standard Adjuvant Endocrine Therapy Alone in Patients with High Risk, Node Positive, Early Stage, Hormone Receptor Positive, Human Epidermal Receptor 2 Negative, Breast Cancer	Shipstone, Asheesh	NSABP	More than Minimal Risk	Active	11/13/2018	A
1140452-3	NOPRODDMMY4001 Multiple Myeloma Patient Registry	Shipstone, Asheesh	Janssen Scientific Affairs, LLC	More than Minimal Risk	Active	11/13/2018	A
1154453-4	NSABP B59 A Randomized, Double-Blind, Phase III Clinical Trial of Neoadjuvant Chemotherapy with Atezolizumab or Placebo in Patients with Triple-Negative Breast Cancer Followed by Adjuvant Continuation of Atezolizumab or Placebo	Shipstone, Asheesh	NSABP	More than Minimal Risk	Active	12/11/2018	A
1167598-7	NCI CIRB NRG-GI004- Colorectal Cancer Metastatic dMMR Immuno-Therapy (COMMIT) Study: A Randomized Phase III Study of mFOLFOX6/Bevacizumab Combination Chemotherapy with or without Atezolizumab or Atezolizumab Monotherapy in the First-Line Treatment of Patients with Deficient DNA Mismatch Repair (dMMR) Metastatic Colorectal Cancer	Shipstone, Asheesh	NRG	More than Minimal Risk	Active	2/28/2019	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
1228568-3	NCI CIRB EA5152 A Randomized Phase II Trial of Nivolumab, Cabozantinib Plus Nivolumab, and Cabozantinib Plus Nivolumab Plus Ipilimumab in Patients with Previously Treated Non-Squamous NSCLC	Shipstone, Asheesh	NCI-ECOG ACRIN	More than Minimal Risk	Active	11/30/2018	A
1228598-3	NCI CIRB A221505 PHASE III RANDOMIZED TRIAL OF HYPOFRACTIONATED POST MASTECTOMY RADIATION WITH BREAST RECONSTRUCTION	Shipstone, Asheesh	NCI-Alliance	More than Minimal Risk	Active	2/27/2019	A
1242140-2	NCI CIRB EA5161 Randomized Phase II Clinical Trial of Cisplatin/Carboplatin and Etoposide (CE) alone or in Combination with Nivolumab as Frontline Therapy for Extensive Stage Small Cell Lung Cancer (ED-SCLC)	Shipstone, Asheesh	ECOG-ACRIN/NCI	More than Minimal Risk	Active	9/6/2018	A
1251920-2	NCI CIRB EAQ162CD Longitudinal Assessment of Financial Burden in Patients with Colon or Rectal Cancer Treated with Curative Intent	Shipstone, Asheesh	NCI ECOG-ACRIN	More than Minimal Risk	Active	1/3/2019	A
1249442-1	NSABP FC-11: A Phase II Study Evaluating the Combination of Neratinib Plus Trastuzumab or Neratinib Plus Cetuximab in Patients with Quadruple Wild-Type (KRAS/NRAS/BRAF/PIK3CA Wild-Type) Metastatic Colorectal Cancer Based on HER2 Status: Amplified, Non-Amplified (Wild-Type) or Mutated	Shipstone, Asheesh	NSABP	More than Minimal Risk	Active	6/11/2019	A
1021910-4	NCI CIRB RTOG 0724 PHASE III RANDOMIZED STUDY OF CONCURRENT CHEMOTHERAPY AND PELVIC NCIC IRB RTOG 0724 RADIATION THERAPY WITH OR WITHOUT ADJUVANT CHEMOTHERAPY IN HIGH-RISK PATIENTS WITH EARLY-STAGE CERVICAL CARCINOMA FOLLOWING RADICAL HYSTERECTOMY	Shipstone, Asheesh	NCI/RTOG	More than Minimal Risk	Active	8/16/2018	A

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
139119-36	ECOG E5103: A Double-Blind Phase III Trial of Doxorubicin and Cyclophosphamide Followed by Paclitaxel with Bevacizumab or Placebo in Patients with Lymph Node Positive and High-Risk Lymph Node Negative Breast Cancer	Shipstone, Asheesh	NCI	More than Minimal Risk	Active - Closed to Enrollment	8/28/2018	A
1055489-5	Causes and Prevention of Hospital Readmissions in Rural Northeastern Tennessee and Southern Virginia Compared to the Entire United States	Summers, Jeffrey		Minimal Risk	Active	6/11/2019	EE-DATA
1156510-2	Mandatory State Helmet Safety Laws Affect ATV Crash Mortality Rates At A Tennessee Trauma Center	Testerman, George		Minimal Risk	Active	12/3/2018	KK--DATA
1156914-2	Mandatory State Helmet Safety Laws Affect Motorcycle Crash Mortality Rates at a Tennessee Trauma Center	Testerman, George		Minimal Risk	Active	12/3/2018	KK-DATA
378813-1	Implementation and Evaluation of a unit-based decentralized pharmacy staffing model	Watkins, Jeff		Minimal Risk	Exempt	11/8/2018	O-DATA
1133892-1	Comparing Opioid As-Needed Range Orders versus Opioid Fixed-Dose Orders and the Effects on Patient Safety and Pain Management	Weaver, Jennifer		Minimal Risk	Active	11/2/2018	JJ-DATA
425715-1	Optimizing Neonatal Abstinence Syndrome Management	West, Kelli		Minimal Risk	Exempt	2/28/2019	T-DATA
393668-107	ODYSSEY OUTCOMES: A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Effect of SAR236553/REGN727 on the Occurrence of Cardiovascular Events in Patients Who Have Recently Experienced an Acute Coronary Syndrome	Whitaker, Jack	sanofi	More than Minimal Risk	Active - Closed to Enrollment	5/7/2019	D

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
401333-67	CANTOS: A Randomized, Double-Blind, Placebo-Controlled, Event-Driven Trial of Quarterly Subcutaneous Canakinumab in the Prevention of Recurrent Cardiovascular Events Among Stable Post-Myocardial Infarction Patients with Elevated hsCRP ACZ885/Canakinumab Study No.: CACZ885M2301	Whitaker, Jack	Novartis	More than Minimal Risk	Active	6/11/2019	D
887639-27	dal-GenE: A Phase III, Double-Blind, Randomized Placebo-Controlled Study to Evaluate the Effects of Dalcetrapib on Cardiovascular (CV) Risk in a Genetically Defined Population with a Recent Acute Coronary Syndrome (ACS)	Whitaker, Jack	DalCor Pharma UK Ltd.	More than Minimal Risk	Active	2/12/2019	D
883879-3	Graftmaster RX Coronary Stent Graft System; HDE #000001; Laughlin Memorial Hospital, 1420 Tusculum Boulevard Greeneville, TN 37745	Whitaker, Jack	Abbott	More than Minimal Risk	Active - Open to Enrollment	4/9/2019	D
1035023-22	ORION-3 - An open label, active comparator extension trial to assess the effect of long-term dosing of inclisiran and evolocumab given as subcutaneous injections in subjects with high cardiovascular risk and elevated LDL-C	Whitaker, Jack	The Medicines Company	More than Minimal Risk	Active - Open to Enrollment	2/12/2019	D
1035566-20	CLEAR Outcomes - A randomized, double-blind, placebo-controlled study to assess the effects of bempedoic acid (ETC-1002) on the occurrence of major cardiovascular events in patients with, or at high risk for, cardiovascular disease who are statin intolerant	Whitaker, Jack	Esperion Therapeutics Inc.	More than Minimal Risk	Active	3/12/2019	D
1150854-2	ODYSSEY LEGACY Disease Observational Study: Long-term legacy effects of LDL-C lowering alirocumab: observational follow-up of the ODYSSEY OUTCOMES	Whitaker, Jack	Sanofi	More than Minimal Risk	Active	11/13/2018	D

R10 Current Roster of WHS Studies							
IRBNet ID	Title	PI Name	Sponsor	Project Risk Level	Current Project Status	Expiration Date	Placement code
	study						
541065-1	Microcystic Lymphatic Malformations of the Tongue: A Case Study	Yorns, Lindsay		Minimal Risk	Exempt	11/26/2019	AA-DATA



ATTACHMENT 18

UPDATED PLAN OF SEPARATION



Second Revised Plan of Separation of Ballad Health
Pursuant to Grant of Certificate of Public Advantage by the Tennessee Commissioner of Health

This Second Revised Plan of Separation (“the Revised Plan”) is prepared as part of the annual update required by the Certificate of Public Advantage (“COPA”) and Terms of Certification issued by the Tennessee Department of Health (“the Department”) in permitting the creation of Ballad Health (“Ballad”). The Second Revised Plan is intended to set out the process by which Ballad Health would affect an orderly return to a competitive market for the region served by the new, integrated health system, created under the COPA in the event that the Department determines that it is necessary to terminate the COPA previously granted to Ballad, as set forth in T.C.A. section 68-11-1303(g).

1. Overview. The purpose of this plan of separation is to comply with Tenn. Comp. Rules & Regulations 1200-38-01-.02(2)(a) (17).
2. Purpose. Re-establish a competitive dynamic to the market in the event of termination of the COPA.
3. Plan of Separation.
 - a. Overview. The plan of separation would be implemented if the Department terminates the COPA after determining that the benefits of the merger no longer outweigh the disadvantages by clear and convincing evidence. Due to the difficulty of predicting the health care environment in the long term, the plan of separation of necessity is a description of a process for deciding how to re-establish a competitive dynamic in the market served by Ballad.
 - b. The Process:
 - i. Upon receipt of written notice from the Department that the COPA has been terminated and after all permitted appeals are exhausted, Ballad will retain a qualified consultant (“the Consultant”).
 - ii. The Consultant will assist Ballad in complying with the written notice that the COPA has been terminated by analyzing competitive conditions in the markets subject to the Department’s written notice and identifying the specific steps necessary to return the subject markets to a competitive state.

Ballad will submit a plan of separation to the Department (the “Proposed Plan”). The Proposed Plan will address each of the following substantive elements: (a) Governance, (b) Management, (c) Financial Separation, (d) Employees, (e) Employee Benefits, (f) Clinical Services, (g) Information Technology, (h) Payers, and (i) Physicians and will be accompanied by a written report from the Consultant concerning the suitability of the Proposed Plan in addressing the competitive deficiencies that resulted in the termination of the COPA.

4. The Proposed Plan shall be submitted within 180 days of exhaustion of all permitted appeals of the decision to terminate the COPA. The Proposed Plan shall include a timetable for action which shall be approved by the Department. Upon the Department’s approval of the Proposed Plan (or of any plan that contains revisions thereto) (the “Final Plan”), Ballad will implement the Final Plan within the timetable prescribed in the Final Plan. The Final Plan will provide that the Department may require that an independent third-party health care expert serve as a monitor (“the Monitor”) to oversee the process of implementing the Final Plan. Ballad will pay the fees and expenses of the Monitor.



5. **Non-Exclusive Plan.** To the extent Ballad reasonably determines (based upon the current facts and circumstances) that a competitive dynamic may be restored in another, more efficient or effective means, Ballad may submit a new plan of separation different from the pre-submitted plan. In such event, the amended plan of separation must receive the Department's approval prior to its implementation.

6. **Annual Update.** Department regulations provide that the plan of separation be updated annually. The annual update will address each of the following elements as appropriate and possible considering the then-existing facts and circumstances: (a) Governance, (b) Management, (c) Financial Separation, (d) Employees, (e) Employee Benefits, (f) Clinical Services, (g) Information Technology, (h) Payers, and (i) Physicians.



ATTACHMENT 19

COMPARISON OF FINANCIAL RATIOS

Ballad Health requests the information in this Attachment to be treated as confidential and proprietary. For that reason, this Attachment is being submitted separately.



ATTACHMENT 20

TOTAL CHARITY CARE

Ballad Health requests the information in this Attachment to be treated as confidential and proprietary. For that reason, this Attachment is being submitted separately.



ATTACHMENT 21

ORGANIZATIONAL CHART



Attachment 22

Progress Report of Accountable Care Community

Slide 1



Slide 2



How is our ACC succeeding?

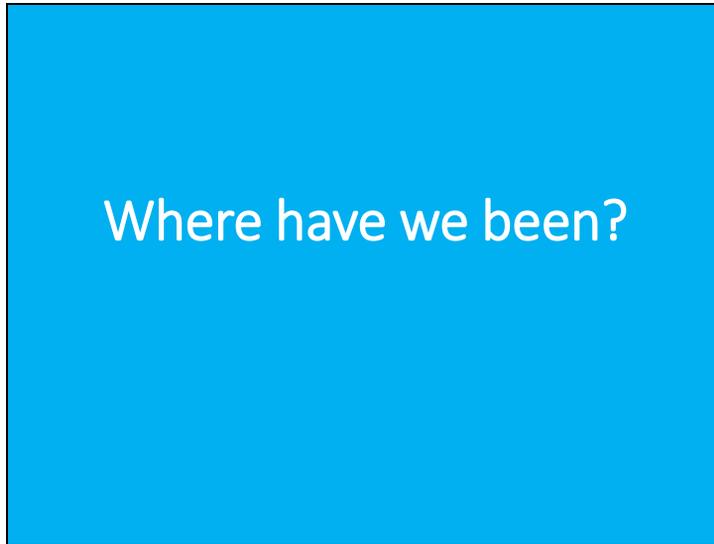


The Collective Impact Model

5 Conditions of Collective Impact

1. Common agenda
2. Shared measurement
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone support

Slide 5



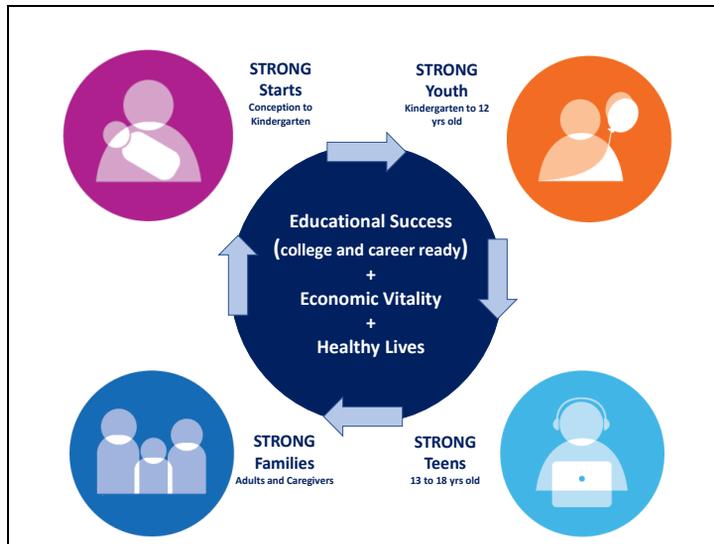
Slide 6





- ## 4 Priority Areas
- Substance abuse & misuse
 - Tobacco use
 - Overweight & obesity
 - Childhood trauma & resiliency

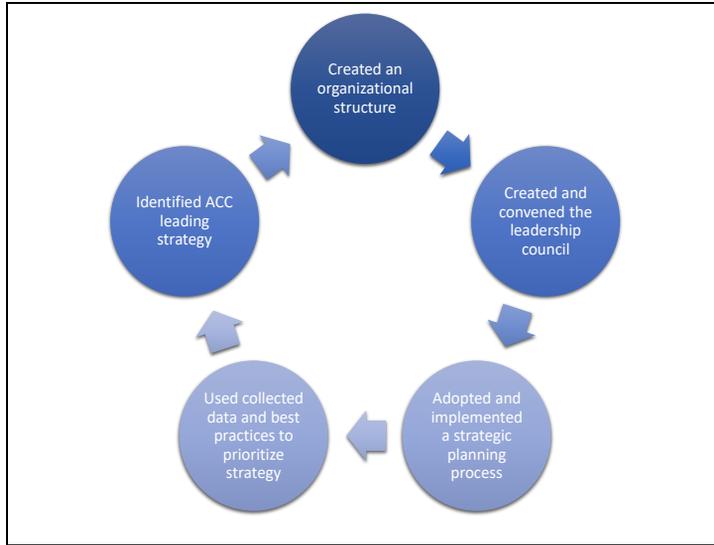
Slide 9



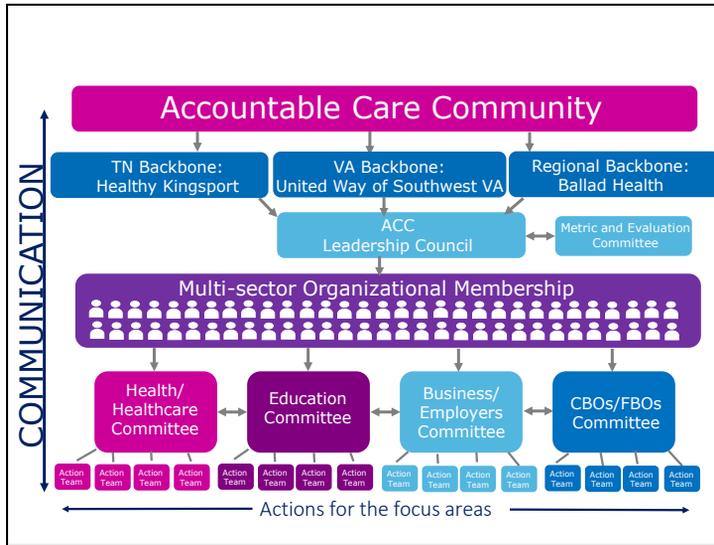
Slide 10

Collective Impact Model
Phase II
Initiate Action

Slide 11



Slide 12

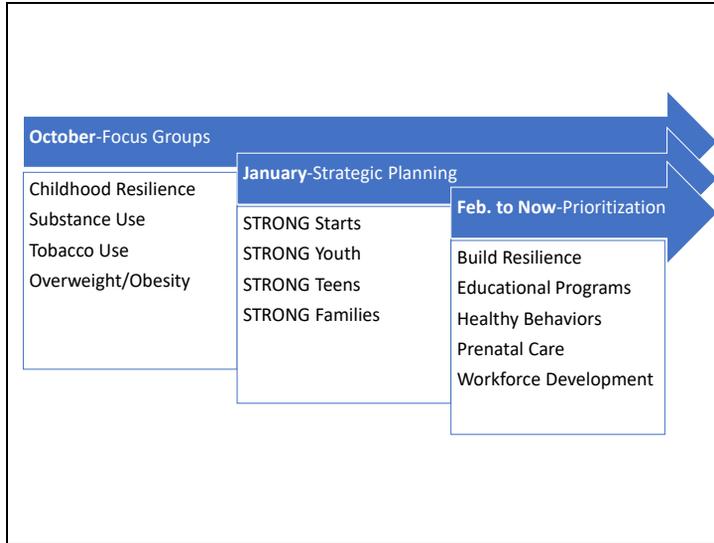


Created Leadership Council

- 24 representatives across 21 counties in two states (plus representatives from the 3 backbones)
- Multisector representation
 - Education
 - Economic development
 - Community- and faith-based organizations
 - Health and healthcare

Collective Impact Model
Phase III

Organize for Impact



Where are we now?

Through a strategic
planning process...

Members identified strategies,
then...

...Leadership Council identified
priorities

STRONG Starts

Conception to kindergarten



First:
Childhood resilience

Second (tie):
Prenatal care
Kindergarten readiness

STRONG Youth

Kindergarten to 12 yrs



First:
Childhood resilience

Second:
Behavioral health

STRONG Teens

13 to 18 yrs



First:
Childhood resilience

Second (tie):
Workforce development
Behavioral health

STRONG Families

Adults & Caregivers



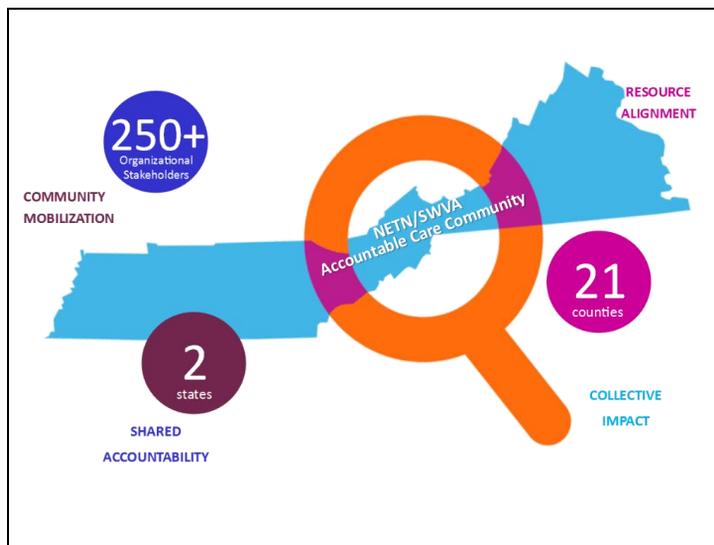
First:
Life skills training & resources

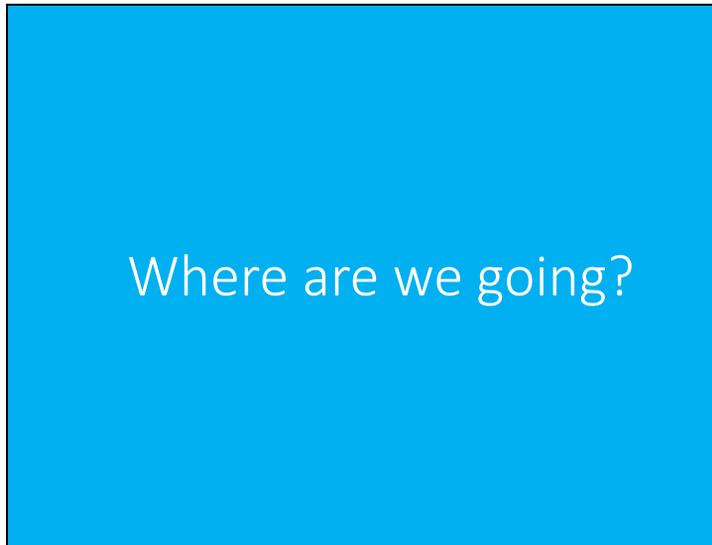
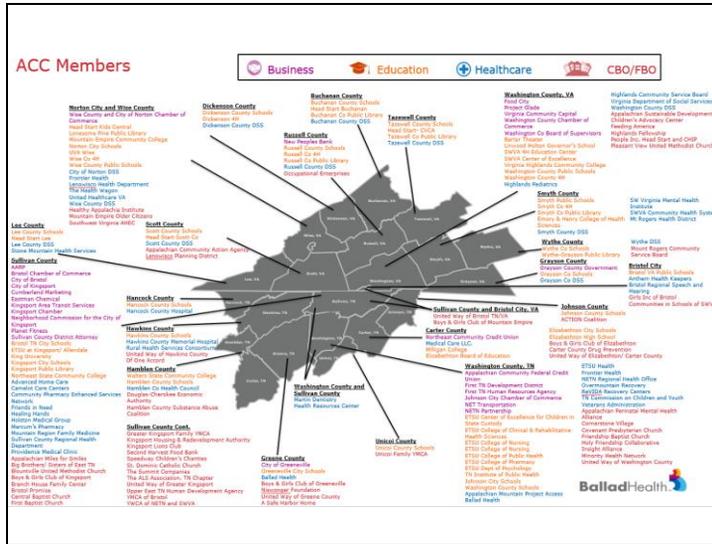
Second (tie):
Educational, family-based programs
Strengthening the family unit

Overarching theme:
Resilience for children and families



STRONG





Collective Impact Model
Phases III and IV

Organize for Impact
and
Sustain Action & Impact





Launched Website in August
strongacc.org

STRONG

Striving Toward
Resilience & Opportunity
for the Next Generation



Accountable Care Community
Leadership Council

Brunty	Patrick	Russell County Dept of Social Services
Byrd	Claudia	Speedway's Children's Charities
Carter	Dennis	Smyth County Public Schools
Davis	Laura	Mount Rogers Community Services Board
Davis	Josh	Eastman
English	Rebekah	Northeast TN Regional Health Office
Hamilton	Lori	Food City
Hammonds	Kristie	Frontier Health
Holliday	Marty	New River Mt. Rogers Workforce Development Board
Lancaster	Jim	Cigna
True	Andy	Kingsport City Schools
Nelms	Linda	Walters State Community College
Phillips	Erika	Hawkins County School System
Ratiff	Sandy	Virginia Community Capital
Rhinehart	Beth	Bristol Chamber of Commerce
Schetzina	Karen	ETSU Pediatrics
Seely-Dick	Sarah	Highlands Pediatrics
Shelton	Karen	Mt. Rogers HD
Shepley	William L.	Grayson County
Smiddy	Joe	Health Wagon
Staubus	Barry	Sullivan County District Attorney
Trigliani	Mary	New Peoples Bank
Waugh	Kathy	YWCA of NETN and SWVA
Westover	Kris	Mountain Empire Community College

STRONG

Striving Toward Resilience & Opportunity for the Next Generation



Accountable Care Community Membership Organizations

<p>A Safe Harbor Home, Inc. A.C.T.I.O.N Coalition AARP Advanced Home Care Anthem Health Keepers Inc. Appalachian Community Action Agency Appalachian Community Federal Credit Union Appalachian Miles for Smiles Appalachian Mountain Project Access Appalachian Perinatal Mental Health Alliance (APMHA) Appalachian Sustainable Development (ASD) Ballad Health- Ballard Medical Services Ballad Health- Bristol Regional Medical Center Ballad Health- Dickenson Community Hospital Ballad Health- Franklin Woods Community Hospital Ballad Health- Greene County Community Hospital Ballad Health- Hancock County Hospital Ballad Health- Hawkins County Memorial Hospital Ballad Health- Health Resource Center Ballad Health- Holston Valley Medical Center Ballad Health- Johnson City Medical Center Ballad Health- Johnson County Community Hospital Ballad Health- Johnson Memorial Hospital Ballad Health- Nowinger Children's Hospital Ballad Health- Northwest Market Leader Ballad Health- Norton Community Hospital Ballad Health- Russell County Hospital Ballad Health- Smyth County Community Hospital Ballad Health- Sycamore Shoals Hospital Ballad Health- Unicoi County Hospital Ballad Health- Woodridge Hospital Barter Theatre Big Brothers Big Sisters of East TN Blountville United Methodist Church</p>	<p>BlueCross BlueShield of Tennessee Boys & Girls Club of Elizabethton Boys & Girls Club of Greater Kingsport Boys & Girls Club of Mountain Empire Branch House Family Center Bristol Chamber of Commerce Bristol Regional Speech and Hearing Bristol TN City Schools Bristol Virginia Public Schools Bristol's Promise: Youth Networking Alliance Buchanan County DSS Buchanan County Public Library Buchanan County Public Schools Camelot Care Centers Carter County Drug Prevention Central Baptist Church Chamber of Commerce - Washington County Chamber of Commerce - Wise County / City of Norton Cherished Mom Children's Advocacy Center Cigna Health City of Bristol City of Greeneville City of Kingsport City of Norton DSS Communities in Schools of SWVA Community Contributor Community Pharmacy Enhanced Services Network (CPESN) Cornerstone Village Covenant Presbyterian Church Cumberland Marketing Dickenson County 4H Dickenson County DSS Dickenson County Public Schools Douglas-Cherokee Economic Authority, Inc. East Tennessee Foundation Eastman Chemical Company Elizabethton Board of Education</p>	<p>Elizabethton City Schools (Bartleby Program) Elizabethton High School Emory & Henry College of Health Sciences ETSU @ Kingsport/Allandale ETSU Center of Excellence for Children in State Custody ETSU College of Clinical & Rehabilitative Health Sciences ETSU College of Nursing, Nurse Led Clinics and Nurse Family Partnership Programs ETSU College of Public Health ETSU Dept. of Psychology ETSU Gatton College of Pharmacy ETSU Health ETSU Oullien College of Medicine Feeding America First Baptist Church, Kingsport First Tennessee Development District First Tennessee Human Resources Agency (FTHRA) Food City Friends In Need Friendship Baptist Church Frontier Health Girls Inc. of Bristol Grayson County Grayson County DSS Grayson County Schools Greater Kingsport Family YMCA Greeneville City Schools Hamblen County Health Council Hamblen County School District Hamblen County Substance Abuse Coalition - Hispanic Coalition Hancock County Schools Hawkins County Schools Head Start - Lee Head Start-Buchanan Head Start-CVCA Head Start-Kids Central</p>
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Head Start-Rooftop	New River Mt. Rogers Workforce Development	Tazewell County Public Library
Head Start-Scott County	Board	Tazewell County Public Schools
Healing Hands	Niswonger Foundation	Tennessee Commission on Children & Youth
Healthier Tennessee	Northeast Community Credit Union	Tennessee Department of Health's East Region
Healthy Appalachia Institute	Northeast State Community College	The ALS Association, Tennessee Chapter
Highlands Community Services Board	Northeast TN Partnership	The Health Wagon
Highlands Fellowship	Norton City Schools	The Summit Companies
Highlands Pediatrics	Occupational Enterprises (OEI)	The University of Virginia College at Wise
Holston Medical Group	Of One Accord Ministry	TN Department of Health Northeast Region
Holy Friendship Collaborative	Overmountain Recovery	TN Institute of Public Health
Insight Alliance	People Inc. CHIP	TriArea Community Health
JC/Jonesborough Chamber	People Inc. Head Start	Unicoi County Schools
Johnson City School District	Planet Fitness	Unicoi Family YMCA
Johnson County Schools	Pleasant View United Methodist Church	United Healthcare
King University	Project Glade	United Healthcare VA
Kingsport Area Transit Service	Providence Medical Clinic	United Way of Bristol TN/VA
Kingsport City Chamber	Radford University	United Way of Elizabethton/ Carter County
Kingsport City Schools	ReVIDA Recovery Centers	United Way of Greater Kingsport
Kingsport Housing & Redevelopment Authority	Rural Health Services Consortium	United Way of Greene County
Kingsport Lions Club	Russell County 4H	United Way of Hawkins County
Kingsport Public Library	Russell County DSS	United Way of Washington County
Lee County DSS	Russell County Public Library	Upper East TN Human Development Agency (UETHDA)
Lee County Public Schools	Russell County Public Schools	Veterans Administration
Lenowisco Health District	Scott County DSS	Virginia Community Capital
Lenowisco Planning District	Scott County Public Schools	Virginia Department of Social Services
Linwood Holtan Governor's School	Second Harvest Food Bank	Virginia Highlands Community College
Lonesome Pine Regional Library	Smyth County 4H	Walters State Community College
Marcum's Pharmacy	Smyth County DSS	Washington County 4-H
Martin Dentistry	Smyth County Public Library	Washington County Board of Supervisors
Medical Care, LLC	Smyth County Public Schools	Washington County DSS
Milligan College	Southwest Virginia 4-H Educational Center	Washington County Public Schools
Minority Health Network	Southwest Virginia AHEC/Tri-Area Community Health	Washington County School District
Mount Rogers Community Services Board	Southwest Virginia Community Health Systems	Wise County 4H
Mountain Empire Community College	Southwestern Virginia Mental Health Institute	Wise County DSS
Mountain Empire Older Citizens	Speedway Children's Charities	Wise County Schools
Mountain Region Family Medicine	St. Dominic Catholic Church	Wythe County DSS
Mt. Rogers Community Service Board	Stone Mountain Health Services	Wythe County Schools
Mt. Rogers Health District	Sullivan County District Attorney	Wythe-Grayson Public Library
Neighborhood Commission for City of Kingsport	Sullivan County Regional Health Department	YMCA of Bristol
NET Trans	SVAM Center of Excellence	YMCA of NETN and SWVA
New Peoples Bank	Tazewell County DSS	



Attachment 23

Population Health Process Metrics

Population Health Metrics

Strategy	Q1			Q2		
	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Develop the Ballad Health Population Health Department	Select candidates to hire	Fill 100% of 10 Full-Time Positions	●	Develop Relationship tracking and management systems	System developed	●
		Hires vs Staffing Plan	●		Establish and complete training with 10 end users	●
	Form Clinical Committee with internal and external representation	Completed Committee Membership List	●			
	Develop Clinical Committee charter, roles & responsibilities	Charter Completed	●			
Create and activate an Accountable Care Community (ACC)	Recruit TN and VA steering team for the ACC	Completed steering team list	●	Identify 3-5 areas of ACC focus	Focus areas selected	●
	Begin ACC membership recruitment	List of Members by Region	●	Develop ACC charter, roles & responsibilities	Charter Completed	●
Delivery system improvement and re-design	Initiate alignment of Ballad Medical Associates (BMA) & COPA/CA metrics	List of initial priority metrics provided	●	Secure initial provider participants in CIN/HQEP	Participant Agreement signed	●
		Identify top 3 priorities applicable to practices	●	Develop BMA & COPA/CA priority metric workplan	Completed workplan	●
				Determine external CIN/HQEP structure	Plan structure outlined	●
Information systems, decision support and information exchange	Configure Epic for Unicoi and Laughlin	Epic configuration completed	●	Epic Go-Live Unicoi	Epic Go-Live deadline met	●
		Configure Epic deadline met	●	Epic Go-Live Laughlin	EPIC LMH and Unicoi Go-Live complete	●
	Applied Health Analytics deployed for Ballad Health Team Members	Utilize AHA for 100% of Ballad team member health risk assessment	●	Deliver Draft VA HIE Report to TN	Draft Completed	●

Population Health Metrics

	Q1			Q2		
Strategy	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Self management and development of personal skills	Expand Health Risk Assessment and coaching to Ballad Health Team Members (TM)	Program launched	●	Develop Ballad Health TM Stress Reduction Pilot Plan	Program developed	●
		Coaches assigned to qualifying participants	●	Develop "Ballad Health as an Example" charter, roles & responsibilities	"Ballad Health as an Example" charter Completed	●
	Assess team members for launch TM diabetes management program	Conduct biometric testing on 100% of Ballad team members participating in employee wellness program	●			
Strengthen community action	Work with internal and external Subject Matter Experts to complete first round research of interventions and programs found to be best or promising clinical and community practices	Completed document	●	Using inventory created in Q1, distribute RFI to identify local capabilities and receive feedback on first round research	RFI distributed	●
	Complete inventory of potential community partners to engage with in order to address population health metrics	Completed inventory	●			

Detailed Population Health Metrics

Strategy	Q1			Q2		
	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Self management and development of personal skills	Expand Health Risk Assessment and coaching to Ballad Health Team Members (TM)	Program launched	●	Develop Ballad Health TM Stress Reduction Pilot Plan	Program developed	●
		Coaches assigned to qualifying participants	●	Develop "Ballad Health as an Example" charter, roles & responsibilities	"Ballad Health as an Example" charter Completed	●
	Assess team members for launch TM diabetes management program	Conduct biometric testing on 100% of Ballad team members participating in employee wellness program	●			
Strengthen community action	Work with internal and external Subject Matter Experts to complete first round research of interventions and programs found to be best or promising clinical and community practices	Completed document	●	Using inventory created in Q1, distribute RFI to identify local capabilities and receive feedback on first round research	RFI distributed	●
	Complete inventory of potential community partners to engage with in order to address population health metrics	Completed inventory	●			

Detailed Population Health Metrics

	Q1			Q2		
Strategy	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Create supportive environments	Develop framework to leverage Ballad Health Business Health service offerings	Frameworks completed	●	Action Business Health Collaborative with Chambers of Commerce	Collaborative activated	●
	Develop regional awareness campaigns with Marketing Department	Campaign plan completed	●	Begin Regional ad campaigns	Campaign launched	●
		Develop at least one regional awareness campaign and establish projected	●	Create customizable package of business Health offerings for employers	Package completed	●
					Host 1 regional chamber of commerce forum to review needs, current solutions and strategies	●
						Regional awareness campaign projected reach and impressions
	Build Health Public Policy	Identify best practice approaches to legislation that supports healthy choices	Begin development of legislative playbook to support intervention playbook	●	Identify gaps in current laws and policies that support regional health	Gap Analysis

Detailed Population Health Metrics

Strategy	Q3			Q4		
	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Develop the Ballad Health Population Health Department	Extend reach of the department by establishing population health leadership teams at each Ballad facility and practice divisions to promote local population health initiatives	Accomplished in all Ballad hospitals and practice divisions	●	Evaluate department personnel	Pop Hlth Dept Y2 milestones and metrics accepted	●
				Identify Y2 quarterly targets and timelines		
Create and activate an Accountable Care Community (ACC)	Members to elect TN and VA leadership councils	Leadership councils selected list	●	Identify ACC Y2 quarterly targets and timelines	ACC Y2 milestones and metrics accepted	●
	Leadership councils to develop strategic plan for focus areas	Strategic Plan developed	●			
Delivery system improvement and re-design	Implement BMG & COPA/CA priority metric workplan	Workplan milestones met	●	Sign Ballad Health MSSP ACO Contract (subject to CMS timeline)	Contract signed (subject to CMS timeline)	●
	Submit New Ballad Health MSSP ACO application (Subject to CMS timeline)	MSSP Deadline met (Subject to CMS timeline)	●	Launch CIN/HQEP	CIN/HQEP program launched	●
				Identify Y2 quarterly targets and timelines	Delivery system Y2 milestones and metrics accepted	●
Information systems, decision support and information exchange	Epic configured for SBIRT pilot	Epic configured	●	Identify Y2 quarterly targets and timelines	IS Y2 milestones and metrics accepted	●
	Deliver Final HIE Report to VA and TN	Deadline met	●			

Detailed Population Health Metrics

Strategy	Q3			Q4		
	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Self management and development of personal skills	Develop "Ballad Health as an Example" strategic plan	"Ballad Health as an Example" plan completed	●	Pilot first "Ballad Health as an Example" effort	Pilot(s) launched	●
		Establish 4 action teams to develop strategies in the areas of healthy eating/food policies; physical activities; healthy plan design; and health education and resources	●	Identify Y2 quarterly targets and timelines	Self management and development of personal skills Y2 milestones and metrics accepted	●
Strengthen community action	Evaluate RFIs received	Evaluations completed	●	Distribute RFPs for interventions and programs to selected community partners	RFPs distributed	●
	Incorporate feedback received into best or promising clinical and community practices	Feedback incorporated	●	Identify Y2 quarterly targets and timelines	Community action Y2 milestones and metrics accepted	●

Detailed Population Health Metrics

Strategy	Q3			Q4		
	Milestone	Metric	Completed (Y/N)	Milestone	Metric	Completed (Y/N)
Self management and development of personal skills	Develop "Ballad Health as an Example" strategic plan	"Ballad Health as an Example" plan completed	●	Pilot first "Ballad Health as an Example" effort	Pilot(s) launched	●
		Establish 4 action teams to develop strategies in the areas of healthy eating/food policies; physical activities; healthy plan design; and health education and resources	●	Identify Y2 quarterly targets and timelines	Self management and development of personal skills Y2 milestones and metrics accepted	●
Strengthen community action	Evaluate RFIs received	Evaluations completed	●	Distribute RFPs for interventions and programs to selected community partners	RFPs distributed	●
	Incorporate feedback received into best or promising clinical and community practices	Feedback incorporated	●	Identify Y2 quarterly targets and timelines	Community action Y2 milestones and metrics accepted	●